**Inward Trade Mission PROGRAMME**

**PORTUGAL**

**Sectors: FOOD & Beverages**

**BUYER IDENTIFICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name** |  | **Job title** |  |
| **Company name** |  |
| **Web** |  |
| **Contact tel no.** |  |
| **Contact email** |  |
|  |
| What is the main activity of your company? |
|  |
| Type of activity (Wholesaler / Retail Chain / Importer/ Distributor / other… please specify): |
|  |
| Company Turnover for last year? |
|  |
| Company size (number of employees): |
|  |
| What kind of products are you looking for? |
|  |
| Any remarks about the products? |
|  |
| Are you already buying from Portugal?  |
| Yes ……. No ……. |
| Indicate the name of your existing Portuguese suppliers: |
|  |