

OEM ENQUIRY FORM A

OWN BRANDING MANUFACTURING CONTACT INFORMATION

Name *:

Last Name *:

Company Name *:

Title/Position:

Street Address *:

City, State, Zip Code *:

Country *:

Email Address*:

Phone *:

Email this form back to us, or send or fax to:

Attn: Business Development - OEM Department

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PT. IKAPHARMINDO PUTRAMAS
PHARMACEUTICAL LABORATORIES
JAKARTA - INDONESIA

OEM ENQUIRY FORM B

PRODUCT & ORDER INFORMATION

Project type in mind:

- new product development
 - extension of products already in the company's portfolio
 - newly developed product type/range/market
- existing product with reformulation
- packing service only

Type of Products interested:

- Pharmaceutical
 - liquid/syrup preparations
 - creams and ointments
 - capsules - hard and softgels
 - tablets
 - vials and ampoules
 - IV Solutions
- OTC
- Cosmetics - Skin Care and Hair Care
 - liquid/extracts
 - creams and ointments
 - shampoo
 - conditioner
 - leave-in conditioner
 - treatments/mask
 - liquid hair color & developer/activator
 - cold perming lotion & developer
 - non aerosol hairspray
 - hair mousse

- Brief concept of product(s) stating its nature and purpose:

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- Specifications required/main active ingredients required:

- Sample of similar product supplied: Yes/No
- Approximate month/year of product launch planned
- Approximate volume :
 First 3 months:
 1st year :
 2nd year:
- brand position of current product (if product extension) or planned position:
 - volume/mass
 - middle
 - luxury/premium
- Intended market for the products (to enable us to ensure compliance to country's regulations) :