



DISTRIBUTOR APPLICATION

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PLEASE DESCRIBE YOUR COMPANY ORGANIZATION

Specify the management structure and number of marketing, administrative, technical & medically qualified personnel.

PLEASE PROVIDE US WITH SOME FINANCIAL INFORMATION

<i>Bank reference</i>	<i>Are you privately owned or publicly held? If publically held, please provide the exchange and your symbol.</i>
	Private Public Exchange & Symbol:
<i>Credit Reference #1</i>	<i>Credit Reference #2</i>
<i>Company Name:</i>	<i>Company Name:</i>
<i>Contact Name:</i>	<i>Contact Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Telephone:</i>	<i>Telephone:</i>
<i>Fax:</i>	<i>Fax:</i>
<i>E-mail:</i>	<i>E-mail:</i>
<i>Annual Turnover (Gross Sales) in U.S. dollars (select one):</i>	<i>Under \$500,000</i> <i>\$500,000 - \$1,000,000</i> <i>\$1,000,000 - \$2,000,000</i> <i>\$2,000,000 - \$5,000,000</i> <i>\$5,000,000 - \$10,000,000</i> <i>\$10,000,000 +</i>



ABOUT YOUR MARKET

<p><i>Markets your company serves (check all that apply):</i></p>	<p><i>Hospitals</i></p> <p><i>Surgery Centers</i></p> <p><i>Nursing Homes</i></p> <p><i>Home Health / Durable Medical Equipment</i></p> <p><i>Physicians' Offices</i></p> <p><i>Retail</i></p> <p><i>Sub Dealer</i></p> <p><i>Other (specify)</i></p>
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PLEASE TELL US ABOUT THE TYPES AND NUMBERS OF MEDICAL SERVICES AVAILABLE IN THE MARKET YOU SERVE

Government (Public) Hospitals		Private Hospital	
Government (Public) Hospitals Acute Care Beds		Private Hospitals Acute Care Beds	
Cardiac Catheterization Laboratories		Interventional Radiology Laboratories	
Neonatal Intensive Care Units		Burn Units	
Ambulatory Surgery Centers		Wound Care Clinics	



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WHAT ARE THE DEROYAL PRODUCT LINES OF INTEREST TO YOU?

FOR THE PRODUCT LINES OF INTEREST, WHAT PRODUCTS DO YOU CURRENTLY SELL AND WHAT PERCENTAGE OF YOUR TURNOVER RESULTS FROM EACH?

Please specify type of products and brand names

<i>Company</i>	<i>Product Line</i>	<i>Approximate Market Share (%)</i>

FOR THE PRODUCT LINES OF INTEREST, WHAT COMPETITOR PRODUCTS ARE DISTRIBUTED IN YOUR REGION?

<i>Competitor</i>	<i>Product Line</i>	<i>Approximate Market Share (%)</i>



ABOUT REGULATIONS

DESCRIBE THE REGISTRATION PROCESS FOR THE DISTRIBUTION OF IMPORTED MEDICAL PRODUCTS IN YOUR MARKET(S).

WHAT OTHER REGULATIONS GOVERN THE IMPORT OF MEDICAL DEVICES IN YOUR COUNTRY? WHAT IS THE TAXATION RATE ON MEDICAL DEVICES? DOES THE GOVERNMENT REGULATE MARK-UPS?

DESCRIBE THE TENDER PROCESS IN YOUR COUNTRY. WHAT PROPORTION OF BUSINESS IS GAINED THROUGH TENDERS?



ENTERING THE MARKET

HOW WOULD YOU PROPOSE INTRODUCING DEROYAL PRODUCTS INTO THE MARKET?

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WHAT DIFFERENTIATES YOUR COMPANY FROM YOUR COMPETITIVE DISTRIBUTORS?

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WOULD YOU WANT TO SELL OUR PRODUCTS REGIONALLY OR NATIONALLY?

Which countries / states / districts / areas / cities are you able to distribute to?

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If you intend to sell nationally how do you propose to do this?

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How will you represent DeRoyal nationally?

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How many representatives will you have to focus on DeRoyal's products?

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WHAT SHARE OF THE MARKET WOULD YOU EXPECT TO GET WITHIN THE FIRST 3 YEARS?

Year one	Year two	Year three



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ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE WOULD BE APPRECIATED