**Company Profile**

Please complete by using a PC.

# Contact details

|  |  |
| --- | --- |
| **Name of company:** | Mamas kitchen export[pvt] ltd |
| **Office address:** | 144/A,sivallawa Gedara,Ethana watta.Kurunegala.Sri Lanka |
| **P.O. Box:** | NO |
| **Town and postal code:** | 60000 |
| **Country:** | Sri Lanka |
| **Person in charge of export:** | Nilmini perera |
| **Telephone:** | NO |
| **Mobile:** | 0722867099 |
| **E-mail:** | mamaskitchesrilanka@gmail.com |

|  |  |
| --- | --- |
| **Farm/Factory address:** | 144/A,Sivall |
| **Town and postal code:** |  |
| **GPS data:** |  |

# Company details

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of business (multiple selection possible)** | | | |
| Raw material producer | Processor | Trader | Exporter |
| Other, please specify: |  | | |

|  |  |  |
| --- | --- | --- |
| **Legal form of your company:** |  | |
| **Year of foundation:** | [pvt]ltd | |
| **Total number of employees:** | 10 | |
| **Thereof number of employees in administration:** | | 1 |
| **Thereof number of employees in production:** | | 10 |
| **Number of employees fluent in English:** | | 2 |
| **Number of seasonal workers:** |  | |

|  |  |  |
| --- | --- | --- |
| **Is your company partly or fully owned by the state?** | | |
| No  Yes. Please specify: |  | |
| **Does your company have investors from foreign countries?** | | |
| No  Yes. Please specify: |  | |
| **Has your company already participated in a SIPPO or CBI programme?** | | |
| No  Yes. Please specify: |  | |
| **Total turnover per year:** | | |
| < € 500’000 | | € 500’000 to 1’000’000 |
| € 1’000’000 to 5’000’000 | | > € 5’000’000 |

# Marketing tools

**Do you have a website?**

|  |  |
| --- | --- |
| No  Yes. Please specify: |  |

**Do you have a company brochure to present your company to potential customers?**

No  Yes

**Do those in charge of sales and export have personal business cards with their name and contact data?**

No  Yes. Please attach the business cards of the main staff in charge of export.

# Export activities

|  |  |  |
| --- | --- | --- |
| **Are you already exporting?** | | |
| No | Yes | |
| % of turnover in export: | | 30 |
| **Are you already exporting to Europe?** | | |
| No | Yes | |
| % of turnover in European export: | | 20 |

|  |  |
| --- | --- |
| **How many customers do you have in Germany?** |  |
| **How many customers do you have in other European countries?** |  |

# Trade fairs in Europe

|  |  |
| --- | --- |
| **Have you attended any trade fairs in Europe in the past five years as a visitor?** | |
| No  Yes. Please specify: |  |
| **Have you attended any trade fairs in Europe in the past five years as an exhibitor?** | |
| No  Yes. Please specify: |  |

# Product details

|  |  |
| --- | --- |
| **Main product** | |
| Product name: | Plos Ambulla |
| Short description:  (Type of industry application (food, cosmetic and/or Phamaceutical), type of packaging used for export) | useing Glass Bottle |
| Certification:  (internationally recognized) |  |
| Production capacity per month according to… |  |
| Machinery installed: |  |
| Financial capacity: |  |

|  |  |
| --- | --- |
| **Other products** | |
| Product name: | Chilli Paste,Mellon Curry,pickles,dry fish curry,chutneys |
| Short description:  (Type of industry application (food, cosmetic, Phamaceutical), type of packaging used for export) |  |
| Certification:  (internationally recognized) |  |
| Production capacity per month according to… |  |
| Machinery installed: |  |
| Financial capacity: |  |
| Product name: |  |
| Short description:  (Type of industry application (food, cosmetic, Phamaceutical), type of packaging used for export) |  |
| Certification:  (internationally recognized) |  |
| Production capacity per month according to… |  |
| Machinery installed: |  |
| Financial capacity: |  |

|  |  |
| --- | --- |
| Product name: |  |
| Short description:  (Type of industry application (food, cosmetic, Phamaceutical), type of packaging used for export) |  |
| Certification:  (internationally recognized) |  |
| Production capacity per month according to… |  |
| Machinery installed: |  |
| Financial capacity: |  |

|  |
| --- |
| Mrs. D.C.Nilmini Prerera |

Name

|  |
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| diroct |

Position

05/11/2022

|  |  |  |
| --- | --- | --- |
| Date |  | Signature & Stamp |

Please return this form to:

[**martinez@importpromotiondesk.de**](mailto:martinez@importpromotiondesk.de)

and/or the person who has provided you with this form.