

Prospective International Distributor Questionnaire, English (PIDQ ENG)

Legal company name:

Year company was established: _____

Public company () or Private company ().

If public, please provide the Exchange and Symbol: _____

Full company (headquarters/primary) physical address:

Street: _____

City: _____ State/Province: _____

Postal code number: _____ Country: _____

Company web site address: _____

List physical address of additional locations: _____

Name of main contact for gSource: _____

Email: _____

Office telephone number: _____ Mobile telephone: _____

Fax number: _____ Skype ID: _____ WhatsApp ID: _____

Total number of employees: _____ Number of direct sales representatives: _____

Please describe your management structure: _____

Number of marketing personnel: _____ Number of administrative personnel: _____

Number of technical personnel: _____ Other personnel (please describe): _____

Please list all the geographic markets into which you sell/distribute surgical instruments:

Do you sell to sub-distributors? Yes () No ()

If yes, what percent (%) of your sales is through sub-distributors? _____%

What is your company's estimated annual gross sales in USD \$:

- () Less than \$250,000
- () \$250,000 - \$1,000,000
- () \$1,000,000 - \$5,000,000
- () \$5,000,000 to \$15,000,000
- () \$15,000,000+

What medical device companies do you represent, how many years have you represented them, what type of medical devices do you sell. Rank these companies in order of importance to the sales of your company (1 = most important).

<u>Name of company</u>	<u># of years</u>	<u>Type of medical device(s)</u>	<u>Sales \$ Rank</u>
_____	_____	_____	#1
_____	_____	_____	#2
_____	_____	_____	#3
_____	_____	_____	#4

Who are your customers? (check all that apply)

- () Hospitals () Surgery Centers () Doctor's offices () Podiatrist
- () Orthopedic surgeons () Spinal Surgeons () Hand Surgeons () Neurosurgeons
- () Operating Room Nurses () Surgical technicians () OEM customers () Veterinarians
- () Sub-distributors
- () Others, please specify: _____

How many years of experience do you have selling/distributing surgical instruments? _____

In what countries do you sell/distribute surgical instruments? _____

What surgical instruments by specialty are you interested in? (check all that apply)

- () Bariatric () Cardiovascular/Thoracic () Dental () Ear, Nose & Throat
- () Neurology () OB/GYN () Ophthalmic () Orthopedic
- () Podiatry () Colon/Rectal () Urology () Veterinary
- () Plastic surgery () Micro-Surgery () General () Pediatric
- () Spine () Other: _____

How many years of experience do you have selling/distributing orthopedic and spine surgical instruments?

What areas of orthopedic instruments are of interest to you?

- () Hand surgery () Total joint reconstruction (arthroscopy)
- () Shoulder & elbow surgery () Pediatric orthopedics
- () Foot & ankle surgery () Spine surgery
- () Orthopedic trauma () Skull reconstruction
- () Other (please specify): _____

What is the importation tax rate percentage (%) for importing surgical instruments into your distribution market(s)?

_____ % market: _____
_____ % market: _____

Please describe the registration requirements and procedures for importing surgical instruments into your distribution market(s).

What certificates would you need from gSource to import gSource surgical instruments?

What other regulations govern the importation of surgical instruments that gSource should know about?

Does your company participate in tenders (bids)? () Yes () No.

If yes, what percent of your total business is gained through tenders? _____ %

Please describe the tender process. _____

How would your company introduce gSource surgical instruments into your distribution market(s)?

What differentiates your company from your competitive distributors? _____

Does your company provide instrument repair services? () Yes () No.

How many hospitals are there in your distribution market(s)?

Private Hospitals: _____

Government (public) Hospitals: _____

Please provide us with three (3) Commercial References:

Reference #1

Company name: _____

Contact name and Title: _____

Telephone number: _____ Email address: _____

Reference #2

Company name: _____

Contact name and Title: _____

Telephone number: _____ Email address: _____

Reference #3

Company name: _____

Contact name and Title: _____

Telephone number: _____ Email address: _____

Signature of applicant: _____ Date: _____

Print name: _____

Title: _____