



### C. PRODUCT/SERVICE INFORMATION

Who are your major competitors at home and abroad? (Optional)

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List the most important end-users or end-user industries for this product/service.

What related products might end-users or end-user industries of this product/service also handle? (Optional)

### D. BUSINESS OBJECTIVES (OPTIONAL)

What type of business contacts are you seeking?

- Distributor / Wholesaler
- Agent / Sales Representative
- Franchisee
- Joint Venture Partner or Licensee
- Other (please specify)

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Is your firm seeking representation on an exclusive basis in this market?  Yes  No

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that end-users must have. (Optional)

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Describe any special features of your company's product/service

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Are there any special specific information you would want the end user to know? (Optional)

### F. PARTNER INFORMATION (Optional)

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Do you have a foreign partner?  Yes  No

If yes, is this arrangement exclusive?  Yes  No

Company name:

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Address:

Contact Person:

Title:

Contact Tel:

Contact Fax:

Contact E-mail:

Additional comments:

**For More Info, please contact:**

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