

Company Profile

1. COMPANY

1. Company and contact information:

Company Name:	
Company Registration Number <small>(e. g. VAT ID)</small>	
Address:	
Country:	
Established in year:	
General Manager:	
Telephone Number:	
Fax number:	
E-Mail address:	
Contact Person.	
Job Title:	
Telephone Number:	
Fax Number:	
E-Mail Address:	
Corporate website:	

2. Ownership

	Shareholders	Percentage %
1		
2		
3		

What is the legal status of your company?

3. Subsidiaries

	Company	Country	City	Activity
1				
2				
3				
4				

2. EMPLOYEES

Number of employees

QM/Regulatory Affairs	
Marketing	
Purchasing	
Customer Service	
Technical Service	
Sales Reps	
Sales Managers	
Product Management	
Others	
TOTAL	

“Who is who?”

Please enclose an organizational chart of the company stating the function and responsibilities of the employees (internal/external structure).

Does your company have staff which is dedicated/specialized and responsible solely for a specific product line, vendor and/or field of application? If yes, please list name and responsibility.

3. SALES, MARKET AND PRODUCTS

What was the turnover (in EUR) of the last three years and what is the forecast for the current year?

	Forecast current year	2018	2017	2016
Annual sales NEUROSURGERY				
Annual sales TOTAL				

Please estimate the turnover (in EUR) of the first three years with pro med instruments.

	2019	2020	2021
Sales PMI			

Which countries/territories do you cover?

Do you not cover any part within your territory? If yes, please list which one

Do you have sub-distributors in your sales structure? If yes, please list the territories they are responsible for.

Which companies and products do you represent? Please name your top selling product?

Please name your top selling product?

Which fields of application does your company cover? (e. g. Neuro, ENT, spine, etc.)

How high would you estimate your market potential (in EUR)? (Please divide into the product groups Headrest Systems, Retractor Systems and Forceps)

How many hospitals are located in your territory?

How many hospitals do you cover directly?

How many hospitals do sub-distributors cover?

Number of neuro hospitals in your territory	Number of neuro hospitals (you cover directly)	Number of hospitals (sub- distributors)

Do you have any key neuro hospitals/surgeons?

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How often do you visit the hospitals?

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Are there hospitals, which you visit less frequently than others? If yes, why?

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4. WORKSHOPS AND EXHIBITIONS

Do you regularly participate in exhibitions or congresses? If yes, please list name of congresses/exhibitions, where and when.

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Do you sponsor the exhibitions? Do you host and organize events yourself?

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Do you regularly attend cadaver workshops? If yes, please list name of workshop, where and when.

5. OTHERS

If you have further information you would like to share with us, please write it here