



Hosted Buyer Program Application Form

Kindly submit your responses and send back this completed entry form to the IFSA Africa Sales Advisor. Once the Organizing Committee confirms your eligibility, the IFSA Africa Sales Advisor will provide you with formal acceptance.

The application forms must be returned before May 1, 2024.

Please indicate if any of the information you have provided is confidential

Database of External Consultations for IFSA Africa.

The details provided will be automatically inserted into the External Consultations Database of IFSA Africa. If you do not wish for your organization's details to appear in the External Database of IFSA Africa, please check here.

(1) Name of the parent company or holding (if applicable):

(2) Company Name:

(3) Company Status:

(4) Company Formation date:

Type of business:

- Manufacturer
- Importer
- Retailer
- Manufacturer-Importer
- Wholesaler
- Retail Chain
- Other (please specify)

(4) We register the following company in the <Hosted Buyer> Program:

Company Name :

VAT Number :

Street:

P.O. Box :

City :

Postal Code :

Country:

Phone :

Website:

Name of the CEO :

Mr

Mrs

E-mail :

Phone:

Name of the company representative participating in the Program and their position:

Mr

Mrs

E-mail :

Phone :

(5) Brief description of goods and/or services imported from around the world:

(6) Detailed description of goods and/or services requested from Tunisia:

(7) Total number of employees:

1-10

10-50

50-100

More than 100

(8) What is the company's annual turnover:

(9) What is the amount of your total annual imports (worldwide)?

2022 :

2023 :

(10) What is the value of your annual imports from Tunisia

(11) How many times has your company visited Tunisia?

As part of a Hosted Buyer Program:

Independently:

(12) Are any of your participation objectives in this mission represented by the following elements?

Categories	Yes	No
Importing from Tunisia	<input type="checkbox"/>	<input type="checkbox"/>
Preliminary market research in Tunisia	<input type="checkbox"/>	<input type="checkbox"/>
Searching for a representative	<input type="checkbox"/>	<input type="checkbox"/>
Meeting new suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Meeting existing representatives/suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Partners for licensed or joint manufacturing	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:		

(13) Do you have any contacts or local representatives in Tunisia?

Yes

No

If "Yes," please provide the following details:

Name and address

Type of contact :

- Subsidiary
- Associated Company
- Agent

I commit to participating in the bilateral meeting of the "Hosted Buyer" program.

Name of the person who filled out this form and position :

Date:

Signature:

