REPUBLIC OF TURKEY MINISTRY OF ECONOMY

Application Form For International Buyer Mission Program

L	Name of Turkish Commercial Counsellor:
	Name of Buyer Mission Program:
	Please type your answers and return this participation form to the Turkish Commercial Counselor. Formal acceptance will be given to you by Turkish Commercial Counselor as soon as eligibility is cleared by Ministry of Economy. Application forms must be returned by [date].
•	Please Indicate whether any of the Information
(1 <u>)</u> M	linistry of Economy External Demands Database.
Detai	ils shown at 1 to 8 will automatically be used to create an entry on Ministry of Economy External Demands Database.
If you	do not want details of your organization to appear on Ministry of Economy External Demands Database, please tick here.
(2) N	arne of the Company:
(3) 3	tatus of the Company:
Pleas	se tick,
	flanufacturer .
9"	mporter
	Retailer
	Anufacturer-importer
	Vholesaler Chain Store
	Other (please specify)
	company Address ase include postcode)
Te	elephone & Fax:
E-	mall & Website Address:
	company representative who will attend to the gram and Position
(6) N	lame of parent or holding Company (if applicable)
(7) B	rief description of goods and/or services imported from all over the World.

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pify)	3) Status of the Company:	
pify)	lease tick,	
pify)	Manufacturer	
pify)	Importer	
pify)	Retailer	
ode)	Manufacturer-importer	
ode)		
ode)		
ode)	Other (please specify)	
	Telephone & Fax:	
ddress:	E-mail & Website Address:	
		ho will attend to the
	rogram and rogition	
	6) Name of parent or holding	Company (if applicable)
		and/or services imported from all over the World.
	Wholesaler Chain Store Other (please specify) 4) Company Address (Please include postcode) Telephone & Fax: E-mail & Website Address: (5) Company representative w	ho will attend to the
	rogram and Position	
	8) Name of parent or holding	Company (if applicable)
holding Company (if applicable)		and/or services imported from all over the World.