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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Application Form**  To participate in a Trade Mission | | | | | | | | | Trade Mission:  Munich 2020 | | Organising Chamber:  Inverness & Moray | |
|  | | | | | | | | | | | | |
| **Company Information** | | | | | | | | | | | | |
| Name of Company | | | Main Contact | | Position in Company | | | |  | |  | |
|  | | | | | | | | | | | | |
| Address | | |  | | City | | | | Postcode | | Website | |
|  | | | | |  | | | |  | |  | |
| Office Number | | | Mobile Number | | Email Address | | | |  | |  | |
|  | | |  | |  | | | | | | | |
| If selected for the trade mission, are you willing to participate in marketing & communications e.g. case studies? | | | | | | | | | | | | |
| Yes | No | | | |  | |  | | | |  | |
| **About Your Business** | | | | | | | | | | | | |
| Is your business new to exporting? Yes/No | | Is your business new to this market? (Yes/No) | | | Annual Turnover at last year end (£) | | | | Turnover from International Sales at last year end (£) | | No. of Employees | |
|  | |  | | |  | | | |  | |  | |
| **If the answer to either of the above is No, then please provide details of previous exports** | | |  | |  | | | |  | |  | |
|  |  | |  |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | |
| **[** | | | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | |
| Describe your business | | | | |  | | | | | | | |
| Describe your product | | | | |  | | | | | | | |
| What do you hope to gain from the visit? | | | | |  | | | | | | | |
| What assistance do you require? (market awareness, sector information, financial support) | | | | |  | | | | | | | |
| Are you a member of a Chamber of Commerce? (Yes/No) | | | | |  | | | | If so, which one(s) | |  | |
|  | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | | |
| Thank you for completing this form which will be utilised by the local Chamber of Commerce and shared with the Scottish Chambers of Commerce Ltd and its approved partners. | | | | | | | | | | | | |
| Name (Please Print) | | |  | | Signature | | | | | | | |
|  | | | | |  | | | | | | | |
| Date | | |  | |
|  | | | | |