

# MANUFACTURERS' QUESTIONNAIRE

NAME OF MANUFACTURER: \_\_\_\_\_ DATE: \_\_\_\_\_

T.R.N.: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Email: \_\_\_\_\_

Completed by: (please state names and, positions within company)

**Names**

**Positions**

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## **Section I - Company Background**

1. WHEN WAS THE BUSINESS ESTABLISHED/ INCORPORATED?

State: - - /- -/- - - - (dd/mm/year)

2. WHEN DID THE BUSINESS COMMENCE TRADING?

State: - - /- -/- - - - (dd/mm/year)

3. WHAT IS THE LEGAL STATUS OF THE BUSINESS?

- Sole Proprietorship
- Public Limited Liability Company
- Private Limited Liability Company
- Partnership

Company Name: -----

Director Signature: -----  
(Please affix company Stamp)

4. WHERE IS THE ADDRESS OF THE REGISTERED OFFICE?

State: -----  
-----  
-----  
-----

5. WHO ARE THE DIRECTORS OF THE COMPANY?

<u>Names of Directors</u>	<u>Addresses</u>
-----	-----
-----	-----
-----	-----
-----	-----

6. WHAT IS THE NATURE OF THE BUSINESS(S)?

State: -----  
-----  
-----  
-----  
-----  
-----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

7. DOES THE COMPANY HAVE ANY RELATED COMPANIES, LOCAL OR OVERSEAS?

Yes       No;

If the answer is yes:

(A) State:-

Company Name

Address

1. -----

-----  
-----

2. -----

-----  
-----

3. -----

-----  
-----

(B) DEFINE THE RELATIONSHIP.

Company Name

Nature of relationship

1. -----

-----  
-----

2. -----

-----  
-----

3. -----

-----  
-----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

8. IS THE COMPANY OR ANY OF ITS RELATED ENTITIES THE EXCLUSIVE AGENT OR DEALER FOR ANY ENTITY OR PRODUCT FROM OVERSEAS?

Yes       No

If Yes, State:-

<u>Company's Name &amp; Address</u>	<u>Products Supplied</u>
1. ----- -----	----- -----
2. ----- -----	----- -----
3. ----- -----	----- -----

9. DOES THE COMPANY OR ANY OF ITS RELATED ENTITIES PAY ANY ROYALTIES OR LICENSE FEES TO ANY ENTITY, OVERSEAS OR LOCALLY?

Yes    No

If Yes, State to whom:-

<u>Company's Name &amp; Address</u>	<u>Nature of Royalties / License fee</u>
1 ----- -----	----- -----
2. ----- -----	----- -----
3. ----- -----	----- -----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

10. IS ANY DIRECTOR OF THE COMPANY ALSO DIRECTOR OF ANY OTHER COMPANY, LOCAL OR OVERSEAS?

Company's Name

Address

- 1. -----  
-----
- 2. -----  
-----
- 3. -----  
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11. HOW MANY LOCATIONS DOES THE BUSINESS HAVE?

- Locations: 1. -----
- 2. -----
  - 3. -----
  - 4. -----

12. WHAT PRODUCTS ARE MANUFACTURED?

- 1. -----
- 2. -----
- 3. -----
- 4. -----

Company Name: .....

Director Signature: .....  
(Please affix company Stamp)

13. WHAT RAW MATERIALS ARE IMPORTED?

<u>Nature of Imports</u>	<u>Supplier's Name and Address</u>
1. ....	..... .....
2. ....	..... .....
3. ....	..... .....
4. ....	..... .....

14. ARE IMPORTED RAW MATERIALS TRANSFERRED OR LOANED TO OTHER MANUFACTURERS / COMPANIES? Yes No If yes, state:-

<u>COMPANY'S NAME</u>	<u>TYPE OF GOODS</u>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....

15. DO YOU EXPORT ANY PRODUCTS THAT YOU MANUFACTURE?

1. ....
2. ....
3. ....
4. ....

Company Name:-----

Director Signature: -----  
(Please affix company Stamp)

**16. ARE THERE ANY LOCAL BODIES TO WHICH PRODUCTS ARE SOLD FOR EXPORTATION PURPOSES?**

- 1. -----
- 2. -----
- 3. -----
- 4. -----

**17. TO WHICH REGIONS/COUNTRIES ARE YOUR PRODUCT(S) EXPORTED?**

- 1. -----
- 2. -----
- 3. -----
- 4. -----

**18. WHAT BRANDS ARE AFFIXED TO THE PRODUCTS EXPORTED?**

- 1. -----
- 2. -----
- 3. -----
- 4. -----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

19. WHAT BRANDS ARE AFFIXED TO THE PRODUCTS MANUFACTURED AND SOLD LOCALLY?

1. -----

2. -----

3. -----

4. -----

**Section 2 – GENERAL IMPORT ACTIVITIES**

1. WHO IS RESPONSIBLE FOR MAKING COMPANY PURCHASES?

Name: -----

Position in Company: -----

2. HOW OFTEN ARE GOODS IMPORTED?

 Weekly       Monthly       Other, state: -----

3. IN WHAT QUANTITIES ARE GOODS IMPORTED?

 Container loads       Pallets       Both       Other, state: -----

4. WHAT ARE YOUR TERMS OF DELIVERY?

 FOB       CIF       CFR       C&I       Various



Company Name:-----

Director Signature: -----

(Please affix company Stamp)

5. IS THERE ANY RELATIONSHIP BETWEEN THE COMPANY, ITS LOCAL RELATED ENTITIES AND ANY OF THEIR SUPPLIERS?

Yes      No      If yes, state:-

<u>Supplier &amp; Address</u>	<u>Nature of Relationship</u>
1. ----- -----	----- -----
2. ----- -----	----- -----

6. WHAT ARE YOUR TERMS OF PAYMENT?

COD      Open account      Other, State: -----

7. WHO IS/ARE YOUR CUSTOM BROKER(S)?

<u>Broker Name</u>	<u>Address</u>
1. -----	----- -----
2. -----	----- -----

8. WHO ARE YOUR FREIGHT FORWARDERS/CONSOLIDATORS?

<u>Company Name</u>	<u>Address</u>
1. -----	----- -----
2. -----	----- -----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

9. WHAT IS YOUR ARRANGEMENT WITH THE FREIGHT FORWARDERS/  
CONSOLIDATORS? Please state:-

<u>Company Name</u>	<u>Nature of services &amp; fee payments</u>
1. -----	----- ----- -----
2. -----	----- -----

10. DO YOU PAY COMMISSION TO ANY PERSON OR ORGANISATION- LOCAL  
OR OVERSEAS?

Yes       No      If yes, state:

<u>A. To Whom Paid</u>	<u>Address</u>
1. -----	----- -----
2. -----	----- -----

B. For what service is the commission paid?

Buying agency    Selling agency    Brokerage    Other: -----

C. Where the commission paid is for agency or brokerage services, do you determine the following:

- the quantities of goods purchased?
- the suppliers from whom the goods are purchased?
- the prices paid for the goods purchased?
- the type of goods purchased?
- the method and the timing of shipments?

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

D. Do you remit the payments for the goods (bought for export to Jamaica) to the agent(s) or broker(s) to pay over to the sellers of the goods, in all instances?

Yes  No

E. Is the commission charged based on a percentage of the invoice totals?

Yes  No

If yes, state Percentage: -----

If no, state basis: -----

11. DO YOU RECEIVE ANY FORM OF DISCOUNT FROM YOUR SUPPLIERS?

Yes  No

If yes, state type:-

Cash  Quantity  Early payment  Other; state: -----

12. DO YOU IMPORT ON BEHALF OF ANY OTHER ENTITY, OR DOES ANY OTHER ENTITY IMPORT ON YOUR BEHALF?

Yes  No

If yes, state:-

Entity/ individual

Address

1. -----

-----

-----

2. -----

-----

-----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

13. DO YOU UNDERTAKE ANY PROMOTIONAL EXPENSE ON BEHALF OF/ OR AS A REQUIREMENT OF ANY OF YOUR SUPPLIERS?

Yes       No

If yes, state: -

<u>Supplier</u>	<u>Details of Promotional Activity undertaken</u>
1. -----	----- -----
2. -----	----- -----

**SECTION 3 – ACCOUNTING MATTERS**

1. WHO IS YOUR AUDITOR?

Audit Firm: -----

Address: -----

2. WHAT IS YOUR ACCOUNTING PERIOD?

State: -----

3. IS YOUR ACCOUNTING SYSTEM COMPUTERIZED?

Yes       No

If yes, state system/ accounting package(s) used:

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-----  
-----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

**4. DOES YOUR COMPANY MAINTAIN THE FOLLOWING ACCOUNTING RECORDS/ REPORTS? (Tick where maintained)**

- General Ledgers
- Other subsidiary ledgers
- Statements of Financial Position (Balance Sheets)
- Statement of Comprehensive Income (Profit or Loss Account)
- Trial Balances
- Bank Reconciliations
- Cash Flow Statements
- Inventory Records
- Journals
- Cash Books
- Sales Reports

**5. DOES YOUR COMPANY RETAIN THE FOLLOWING SOURCE DOCUMENTS?**

- Bank Statements
- Suppliers Statements
- Cheque Stubs
- Original Suppliers Invoices
- Written Contracts & Agreements with Suppliers
- All import-related documentations
- Sales Invoices & Receipts

**6. ARE YOUR ACCOUNTING RECORDS UP TO DATE?**

- Yes       No

**7. WHAT IS THE PERIOD OF YOUR LATEST AUDITED FINANCIAL STATEMENT?**

State: -----

Company Name:-----

Director Signature: -----

(Please affix company Stamp)

8. WHO PERFORMS THE ACCOUNTING FUNCTION FOR YOUR ORGANIZATION?

- An accounting department with a Chief Accountant
- Outsourced to an accounting firm or independent accountant
- An individual- qualified accountant
- An accounting clerk(s)

9. WHO IS/ARE YOUR BANKER(S)?

Bank Name & Address

Type(s) of account(s) maintained

1. -----  
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2. -----  
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