

**PERU**  
**6-8<sup>th</sup> September 2017**

**Name of the Organization:**  
**Participant Name:**

**MANDATORY INFORMATION:**

- I. No. of Business Meetings done.....
- II. No. of Business Enquiries received.....
- III. Business Generated (on the spot and future prospects) .....
- IV. If yes, products dealt in.....  
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- V. Any MOU's with companies signed.....
- VI. FOB value of last 3 years' turnover:

2014-15	2015-16	2016-17

- Were you looking for Distributer / importer?  
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- Any Comments on Registration Procedure:  
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- Do you have existing business in Peru? Please indicate the name(s) and nature of business:  
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- What are the constraints of the market you would like Pharmexcil and Ministry of Commerce to take up for greater market access? Please be specific and answer in bullet points:

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