HealthCo
Solutions in Health

NEW PRODUCT ASSESSMENT FORM

Section 1: Business Details

Company Name:		ABN:	
Contact Name:		Title: Mr / Mrs / Ms / Miss	
Address:			
Suburb:		State:	Post Code:
Contact No:	Phone: Fax:	Mobile:	
Email Address:			

Section 2: Product

Brand Name:		Number of Products in Range:	
Product Name:	*(If more than one please attach sheet)*		
Is the product TGA approved or a "food"?			
Is TGA Listing/Registration being sought?			

Section 3: Marketing

Products are to be primarily marketed to (tick one)

☐ Health Professionals ☐ Pharmacies ☐ Health Food Stores ☐ All

☐ Other _____

1. In your opinion, what is the current market view/trend of your product(s)?

2. How have you formed this opinion?

3. What is currently in competition to this product in the marketplace?

4. How does your product differ from its nearest competitor (why is it better)?

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Section 3: Marketing continued

5. Please indicate your marketing plan for the next 12 months (literature/seminars/media/specials/tech support etc)

6. Do you have scientific studies or other validation of your product(s)? If yes, please attach a copy of the most relevant

Section 4: Distribution

Who currently distributes your product(s)? (Please specify the state in which they distribute)

Where would you like HealthCo to distribute your product(s)?

☐ NSW ☐ VIC ☐ QLD ☐ SA ☐ ACT ☐ WA ☐ Other _____

Will this be an exclusive distribution arrangement?

☐ Yes ☐ No

Section 5: Price

Please include the following pricing information for your product(s)

Wholesale price $_____ RRP $_____ HealthCo Purchase Price (or Margin) _____

Do you have any minimum purchase requirements?

Please indicate your estimated annual sales, and what is the figure based on?

Section 6: What to send

To have your product(s) reviewed for inclusion in the HealthCo Product Portfolion please send this form along with:
1. A sample of your product(s) for review
2. Any copies of marketing collateral that you have to support your product(s)
3. All relevant pricing and distribution information

Package to be to sent to:
Attn: Marketing
HealthCo Range Review
Unit 4, 12 Mars Rd. Lane Cove West NSW 2066 Australia

Please note, samples and marketing collateral sent for review by HealthCo are not returned.

PLEASE RETURN THIS COMPLETE FORM BY FAX TO 1300 724 538 OR BY EMAIL TO marketing@healthco.com.au
Also please attach any relevant information as specified in this form.

OFFICE USE:			
Date:		Supplier Code:	
Initial:			

SUBMIT