

CUSTOMER ENQUIRY (Form 1B)

Enquiry No (for Beacons use only): E _____	Regulatory No (for Beacons use only): R _____
Customer ID (for Beacons use only): C _____	Product No (for Beacons use only): P _____
<i>Please Indicate N.A. (Not applicable) in those sections that are not relevant. Please attach additional pages if necessary (more information or insufficient space provided).</i>	
SECTION 1: COMPANY PARTICULARS	
Name of Company (in block letters) _____	
Address: _____	
Tel No: _____	Fax No: _____
Email: _____	

SECTION 2: CONTACT PERSON PARTICULARS		
Name (Mr/Ms/Mrs/Mdm/Dr): _____	Designation: _____	
Tel No: _____	Fax No: _____	Email: _____

SECTION 3: PRODUCT RELATED DETAILS (Please tick appropriate):					
3.1 Brand Name/Strength					
3.2 Benchmark (if applicable)					
3.3 Product Sample	<input type="checkbox"/> Supply by Product Owner		<input type="checkbox"/> Supply by Beacons		
3.4 Active Ingredients					
3.5 Product Description					
a) Product Classification	<input type="checkbox"/> CPM		<input type="checkbox"/> Medicinal Products		<input type="checkbox"/> Others
	Others please specify: _____				
b) Dosage Form	<input type="checkbox"/> Tablet	<input type="checkbox"/> Capsule	<input type="checkbox"/> Cream	<input type="checkbox"/> Gels	<input type="checkbox"/> Liquids
	Others please specify: _____				
c) Size/Shape					
d) Colour					
e) Flavour					
f) Coating					

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g) Logo/Scoreline		
h) Extra Specifications		
3.6 Formula	To be provided by: <input type="checkbox"/> Product Owner	<input type="checkbox"/> Beacons
	If provided by product owner, please furnish the details.	
3.7 Manufacturing Process	To be provided by: <input type="checkbox"/> Product Owner	<input type="checkbox"/> Beacons
	If provided by product owner, please furnish the details.	
	Process validation status: (Yes / No)	
3.8 Packaging	a) Type/Material: _____ b) Pack Size : _____	
3.9 Any special requirement needed	a) Environment : _____ b) Equipment : _____ c) Others if any : _____	
3.10 QC Testing Requirement	Raw materials	
	<input type="checkbox"/> Pharmacoepl Method If selected, proceed to A.	<input type="checkbox"/> Non-Pharmacoepl Method If selected, proceed to B.
	A. <input type="checkbox"/> USP <input type="checkbox"/> BP/EP <input type="checkbox"/> JP	
	B. Validation Requirements if Non-Pharmacoepl Method is selected:	
	Finished products	
	<input type="checkbox"/> Pharmacoepl If selected, proceed to A.	<input type="checkbox"/> Non-Pharmacoepl If selected, proceed to B.
	A. <input type="checkbox"/> USP <input type="checkbox"/> BP/EP <input type="checkbox"/> JP	
B. Validation Requirements if Non-Pharmacoepl Method is selected:		
Additional Testing Requirement		

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	Elaborate if there are any special requirement needed for testing in addition to the above mentioned:	
	Stability	
	<input type="checkbox"/> Real Time OR Accelerated	<input type="checkbox"/> Real Time AND Accelerated
	Temperature & Humidity Conditions:	
	Period of Study/Time Points:	

SECTION 4: RAW MATERIALS SUPPLY <i>(Please tick appropriate):</i>		
4.1 Active Ingredients	To be provided by: <input type="checkbox"/> Product Owner	<input type="checkbox"/> Beacons
4.2 Excipients	To be provided by: <input type="checkbox"/> Product Owner	<input type="checkbox"/> Beacons
4.3 Packaging/Printing	To be provided by: <input type="checkbox"/> Product Owner	<input type="checkbox"/> Beacons

SECTION 5: RECOMMENDATION <i>(for Beacons use only):</i>	
5.1 Sales	
5.2 Technical	

SECTION 6: ESTIMATED COST <i>(for Beacons use only):</i>	
6.1 Finance	