	NEW PR	ODUCT I	DEVELOPM	ENT FORM		
Please complete this form						
COMPANY INFORMATION						
Name						
Address						
				Р	ost Code	
Telephone Number			Fax			
E-mail			Website			
CONTACT PERSON						
Name						
Position						
Email Address						
Telephone			Fax			
Mobile						
PRODUCT						
PRODUCT NAME						
FINISHED PRODUCT DEADLINE	 ]					
PRODUCT BACKGROUND INFORMATION						
IN ORMATION						
( Product development background, long term aims ,						
philosophy, product differentiation, Etc )						
RETAIL PRICE RANGE	Minimum	USD		Maximum	USD	
PRODUCT FORMULATION REQUIRED						
REQUIRED						
( Gel , liquid cream Gel or cream , any specific material )						

PRODUCT INGREDIENTS	
( Discount for any array if	
( Please state for any specific ingredients )	
PRODUCT COLOUR	
FRAGRANCE	
( Describe your fragrance ,state any preference )	
proformed )	
PRODUCT APPEARANCE	
( Viscosity,shimmer , Feel , etc)	
PRODUCT PERFORMANCE	
( Smoothing , cooling , tightening,	
etc)	
PRODUCT VARIANTS	
( Sizes , skin types , etc)	
, ,,	
PACKAGING	
CLAIMS ON PACKAGING	
PACKAGING SUPPLY	
( our packaging or your own packaging )	
or your own packaging )	

PACKAGING & SHAPE			
( Pump, jar, bottle, tube, round, squre, ect )			
PACKING COLOUR			
( Please State for any cmyk or Phantone Colour )			
FONT (TYPOGRAPHY)			
,			
( Please state for any			
examples )			
LAREL ARRIVE			
LABEL / PRINT			
	-		
( Please state for any examples )	-		
PRODUCT EFFICACY			
	_		
Do you require a test to proof claim?	YES	NO	
ciaiii!	Comments		
PRODUCT STABILITY			
	YES	NO	
Do you require stability & compatibility test ?	Comments		
COMPETITOR PRODUCTS			
you like & why			

COMPETITOR PRODUCTS			
you don't like & why			
RETAIL COUNTRIES			
( where you will market your products )			
ADDITIONAL INFORMATION			
-			
	PLEASE	E SEND THE COMPLETED FORM TO US AT :	
IM	MORTAL C	COSMEDIKA INDONESIA Co., Ltd	
De	pok - Indon	nesia	
En	nail	: international@immortal.co.id	
Ph	ione	: +62 87741978	
Fa	X	: +62 87742020	