

DISTRIBUTOR EVALUATION FORM, V2026

We highly value the partnerships we build with our dealers, as they play a critical role in representing our brand and products in the market. To ensure a successful collaboration, we take the time to thoroughly understand the capabilities and strategies of potential partners. This is why we ask detailed questions — it helps us align expectations, identify opportunities, and ensure that we can fully support you in achieving mutual success. We appreciate your understanding and cooperation in this process. Please be assured that all information will be kept strictly confidential.

CONTACT INFORMATION

Full legal Company Name	
Represented by (authorized to sign)	
Position / Title	
Company owner(s) / Shareholders	
Contact details company owner(s) / Shareholders	
Phone / Fax	
Street name and number	
Zip Code	
Country	
E-mail	
Website	
Tax number	
VAT-ID	

COMPANY INFORMATION

Branche of trade	
Company foundation date	
Business description	
Number of total employees	
Number of sales reps	
Number of technical staff	
Sales structure (direct/indirect)	
Sales territories	
Annual Turnover 2025	
Annual Turnover 2024	
Annual Turnover 2023	
Is the company certified according to ISO 13485 or according to any other quality management systems?	
Which system are you using in order to trace the delivered products?	

INFORMATION OR SALES PORTFOLIO

In which medical fields is your company focused in:	<input type="checkbox"/> Urology <input type="checkbox"/> Gynecology <input type="checkbox"/> Arthroscopy <input type="checkbox"/> Laparoscopy <input type="checkbox"/> Cervical cancer <input type="checkbox"/> Others
What products/brands are you carrying in your current portfolio?	
Please define your 3 main articles which contribute the most to your revenue.	
Do you have access to a KOL network?	
Do you have any experience in Minimal Invasive Surgery products? Please describe briefly.	

Do you have any experience in cervical screening products or treatment devices for cervical pre-cancer?	
Who are your main competitors?	
Which of our products are in your main interest?	
Please describe the requirements for registration of medical devices in your country.	

REFERENCES B2B & B2C

Company/Clinic Name	Contact Name	Phone	e-mail

MARKETING RESEARCH

How did you find our company?	
Internet research	
Recommendation	
Medical Fair	
Other	

DATE:

Thank you very much for filling out this questionnaire. We will be assessing your information and will contact you soon.

Best regards,

Sandra Seywald-Schmidt
Head of Sales