



TRADE ENQUIRY FORM

Date Received:	Date Completed:	
Allocated to:	Reference	
	Number:	

FOREIGN OFFICE

Office Details and Contact Person: Rajan Kumar South African Consulate General, Mumbai

COMPANY CONTACT DETAILS									
Company/Organisation Name: Microtrol Ltd									
Type of	Manufacturer	Importer	Distributor	Wholesale	Retailer	Agent	Other		
business		\checkmark		r			(please		
(please tick one):							state):		
Contact Person: Mr. Suresh Nair									
Address: Mumbai									
Telephone: +91.98.201.40292									
Facsimile:									
E-Mail: vikram@microtrol-india.com									
Website:									

PRODUCT
Product Required: Medical Isotopes
Type (colour, size etc.):
Quality (grade, ISO etc.:
HS Code (8 digit no.):

QUANTITY

Quantity Required (units, volume, container etc.): Trial Order

DELIVERY

When is the product required: Immediate How frequently is the product required: Regular Destination Port: Nava Sheva, Mumbai, India

FOR FER USE:						
How did you acquire this enquiry: (please tick one)	Face- to-face meetin g √	Email	Telephone	Site Visit	Trade Show	Other (please state):

Please ensure that all the fields are filled in Email to: <u>tradeleadebulletin@thedti.gov.za</u> Thank you