

# PROCUREMENT FORM

Please fill separate form for each product & tick wherever applicable

**COMPANY :**

**ADDRESS :**

Person Name : \_\_\_\_\_

Quote Ref. No : \_\_\_\_\_

Phone/Fax No. : \_\_\_\_\_

Order Ref. No : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Date : \_\_\_\_\_

**MACHINE**

Make / Model : \_\_\_\_\_

Upper punch SEAL : Yes / No

Number of stations : \_\_\_\_\_

Lower punch SEAL : Yes / No

**PRODUCT**

Name : \_\_\_\_\_

Film coated : Yes / No ( % = \_\_\_\_\_ )


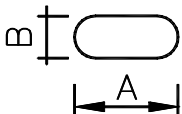
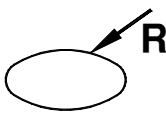

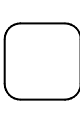

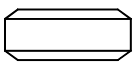

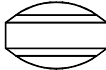

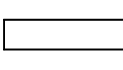

Ref. drawing name : \_\_\_\_\_

Sugar Coated : Yes / No

Sample available : Drawing – yes / no  
Tablet - yes / no  
Tools - yes / no

Nature of product : Abrasive - yes / no  
Corrosive - yes / no  
Sticky - yes / no  
Effervescent – yes / no

<b><u>TOOLING</u></b>	<b><u>Upper</u></b>	<b><u>Lower</u></b>	<b><u>Die</u></b>
Type & Quantity :	D / B / Other	D / B / Other	D / B / BB
Embossing details :	Plain / break-line Embossing	Plain / break-line Embossing	Special O.D. if any

<b><u>TABLET</u></b>	<b>Size</b>	'A' =	'B' =	'R' =	Other =
					
Round	Capsule	Oval	Triangle	Square Rectangle	Other
<b><u>TABLET</u></b>	<b>Cavity</b>	'R' =			
					
FFBE	Concave	Bevel Concave	Double Concave	Flat Face	Other

SPECIAL REQUIREMENT IF ANY: e.g. Chrome plating