

Questionnaire --- Logistics Services Requirements:

Thank you for your interest in our logistics services. Listed below please find the questions we would like you to fill in so that we can provide you a more comprehensive and tailor-made logistics solutions. Please kindly return the form by sending to PGHL@ProrsumGroup.com or fax at (852) 21727403, we will delegate an account manager to follow up with you immediately.

A) Freight Forwarding

1. Major traffic of your business, America, Europe, Asia _____
2. Shipment & Trade Terms, FOB / CIF or DDU, DDP, LDP _____
3. Freight Prepaid / CIF Shipments:
 - i. Commodity _____ (Heavy Cargo?) _____
 - ii. POL _____, POD _____, Place of Delivery _____
 - iii. Weekly volume in TEU / FEU _____
 - iv. Incumbent forwarders / carriers _____
 - v. Preferred carriers and rate ideas, if any _____
4. Freight Collect / FOB Shipments:
 - i. Commodity _____ (Heavy Cargo?) _____
 - ii. POL _____, POD _____, Place of Delivery _____
 - iii. Weekly volume in TEU / FEU _____
 - iv. Incumbent forwarders / carriers _____
 - v. Rate ideas, if any _____
 - vi. Consignee contacts information
Company Name _____
Person-in-charge _____
Office address _____
Tel _____ Fax _____ Email _____

B) Storage / Warehouse

1. Volume of goods storage: By CBM: _____ By carton: _____
2. Type of product: _____
3. No. of SKU for full range of products: _____
4. Are goods stored under ambient or temperature-controlled storage?
Ambient Temperature-controlled
5. If temperature-controlled storage, please specify the temperature range required:

6. Are goods stackable? Yes No
7. Storage location requested: (China/ Hong Kong / Overseas Country) _____
8. Any other storage requirement? (e.g. pest control/hygienic control) please specify

C) Inventory Management

1. Any order picking sequential requirement? Yes No
(E.g. First In First Out / By expiry date / By batch no./ By serial no./ By pallet no.)
If yes, please specify the type: _____
2. Barcode, batch no, expiry date capturing? Yes No
If yes, please specify the type: _____
3. Any goods sorting? Yes No
4. Inventory report frequency: _____
5. Cycle count / Stock take frequency: _____

D) Handling and Goods processing

1. Handling in process: By pallet By carton By piece
2. Volume of goods receiving per month:
By CBM _____ By carton _____ By piece _____
3. Handling out process: By pallet By carton By piece
4. Volume of goods handling out per month:
By CBM _____ By carton _____ By piece _____
5. Any special handling requirement: (e.g. fragile or breakable items) _____

E) Distribution Management

1. Number of delivery orders per month: _____
2. Volume of each delivery order (carton / CBM): _____
3. Delivery location(s): _____
4. Any specific delivery time requirement: _____
5. Any holiday / urgent / night delivery? Yes No
If yes, please specific the requirements : _____

F) Value-added service

1. Any value added service requested? Yes No
If yes, please specify the need: _____
(E.g. labeling, repacking, shrink wrapping, QC, expiry date inkjet, blister packing, assembling...)

G) IT / E-Logistics Systems

IT system currently using: FMS / WMS / TMS _____
Order transmission: By email / fax / MS Excel / EDI _____

H) Other Services:

1. Any Container drayage requested? (20' / 40' / 40' HQ / 45') Yes No
If yes, please specify the type of container and the no. per month: _____
2. Any container vanning & devanning requested? Yes No
2. Any cross border trucking requested? Yes No
If yes, please specify the provinces & zones? And the frequency:

3. Any customs clearance & declaration requested? Yes No
4. Any material procurement/ sourcing requested? Yes No
5. Please specify the sourced goods requested: _____