

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](mailto: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: \_\_\_\_\_