



OEM Product Requirement Form

Name of Company:.....Business:.....
Client's Name:.....Designation:.....
.....
Tel:.....Fax:.....E-mail:.....

Please fill in your requirements: Product type.....

Components / Ingredients

Marketing Aspects: Such as (Light skin feeling/ Instant moisterizing/easy spreading/cooling..etc)

Your requirements:

Application Areas: Such as (Hair/ Face/ Body/ Any specific area....etc)

Your requirements:

Application Procedure: Such as(Before, After spa treatment/ Mixture or soluble to other products)

Your requirements:

