



SSP PVT LIMITED

Form No. F: MKD: 02

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PRODUCT QUESTIONNAIRE (PROJECT: DETERGENT POWDER PLANT)

Note: Please indicate by a tick mark where options are provided.

1. CUSTOMER'S DETAIL

| | | | |
|-----------------|--|----------|--|
| Company Name: | | | |
| Contact Person: | | | |
| Plant Location: | | | |
| Address: | | | |
| | | | |
| Phone No.: | | Fax No.: | |
| E-mail: | | | |

2. ABOUT PLANT :

| | | | |
|---|--------------------------------|---------------------------------|-----------------------------|
| Capacity (kg/h) | | | |
| Infrastructure available : | | | |
| <ul style="list-style-type: none">• Building Area/Plant Area (m²)• Power rating | Volts (V): | Frequency (Hz): | |
| Are you making detergent cream/powder at present? – Tick the correct one. | <input type="checkbox"/> Cream | <input type="checkbox"/> Powder | <input type="checkbox"/> No |

3. GENERAL :

| | | | |
|---|---|------------------------------|-----------------------------|
| Are you the end user? | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When it is planned to come in production? | : | | |
| | | | |

4. DO YOU WANT US TO QUOTE PACKING MACHINE, IF YES PLEASE SPECIFY PACKING TYPE AND SIZE:

5. ANY OTHER INFORMATION AND DATA, WHICH MAY BE USEFUL FOR US TO DESIGN:

| | |
|-----------------------|--|
| AUTHORIZED SIGNATORY: | |
| Designation: | |