

SSP PVT LIMITED

Form No. F: MKD: 02

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PRODUCT QUESTIONNAIRE (PROJECT: EGG PROCESSING 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: No of eggs to handle/day No of shifts to run/day Do you want continuous egg breaking machine? (available min. capacity is 8000 eggs/h) Type of egg powder to be produced: \square YES \square NO Egg white (albumen) \square YES \square NO Egg Yolk \square YES \square NO Whole Egg \square YES \square NO All three Infrastructure available: Building Area/Plant Area (m²) Availability of services like (water/electricity/ steam) 3. GENERAL: Are you the end user? \square YES □ NO When it is planned to come in production? 4. Any other information and data, which MAY BE useful for US TO DESIGN: **AUTHORIZED SIGNATORY:** Designation: