



SSP PVT LIMITED

Form No. F: MKD: 02

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PRODUCT QUESTIONNAIRE (PROJECT: GENERAL)

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:

Range of Capital Investment:	
Source of Finance:	
Site Location:	
No. of shifts to run (or) working hours/day:	
Infrastructure available : <ul style="list-style-type: none">• Site (location)• Land area available• Unit registered or yet to be registered• Power rating• Availability of services like (water/electricity/steam)	
Other Details: <ul style="list-style-type: none">▪ Capacity Input. (Kg/H)▪ Capacity Output. (Kg/H)	

3. GENERAL:

Are you the end user?	:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
When it is planned to come in production?	:		

4. PLEASE SPECIFY PROJECT OF YOUR INTEREST. FOR DETAILS OF OUR PROJECTS, YOU MAY PLEASE VISIT OUR WEBSITE WWW.SSPINDIA.COM :

AUTHORIZED SIGNATORY:	
Designation:	