

COMPANY APPLICATION FORM

Europe Market Development Program

Section I – General Company Information

Instructions

1. Please **download the document to your desktop**. Do not attempt to fill out the form while on your web browser, it will not save.
2. If you use Acrobat reader you can fill and sign digitally by clicking the Fill & Sign tool in the right hand pane
3. Once the form is completed and signed send your saved PDF and attachments to ExportReady@atlanticchamber.ca

Legal Company Name:

Company Identification Number:
(i.e. Provincial or Federal Registration)

Company Civic Address:

Website:

Contact Name:

Contact Title:

Contact Phone:

Contact E-mail Address:

In what year was your company established?

What is the total number of full-time employees in your company?

Is your company headquartered in Atlantic Canada? Yes No

Are there any outstanding/pending claims or litigations against your company Yes No

Section II – Company Description, Product(s), Service(s) and Current Export Markets

Provide a brief description of your company and the product(s)/service(s) you offer.

Section II – Company Description, Product(s), Service(s) and Current Export Markets (Cont.)

Does your company export outside of Canada, if yes, for how many years?

What are your company's primary export markets?

Section III – Company Annual Sales

What were your company's total annual sales (CAD) for the last 3 fiscal years?

Year 1(Previous Year):

Year 2:

Year 3:

What were your company's total annual export sales (CAD -outside Canada) for the last 3 fiscal years?

Year 1(Previous Year):

Year 2:

Year 3:

Of your company's total export sales, please indicate your company's % of sales in Europe, if any.

Section IV – Company Vision for the European Market(s)

Does your company currently export to Europe? If yes, please indicate the market(s)

Section IV – Company Vision for the European Market(s) (Cont.)

What is or are the target European market(s) your company will focus on in this program?

Please describe and estimate your company's sales growth objectives in the identified market(s)?

Please describe your company's value proposition for the identified European market(s) and your company's competitive advantage in the market(s)?

Section V - Company Commitment for the European Market(s)

What resources is your company prepared to dedicate to the identified European market(s)?
Please provide comment on each of the following:

Involvement of senior management

Program lead, if different than above

Section V - Company Commitment for the European Market(s) (Cont.)

Internal and external sales support

Financial resources

Time commitment (e.g. planning and in-market presence)

Production capacity (to achieve projected sales growth)

Section VI – Company Rationale for Program Participation

What type of challenges do you expect your company will face in the identified European market(s)? (competition, cultural differences, import controls, intellectual property status, certifications, regulatory, legal, financial, etc.)

What types of services does your company anticipate accessing through this program? (Please refer to the guidelines for a list of the types of services that can be provided under this program) and articulate on how accessing these services can help your company accelerate export sales in the market(s).

Section VII – Company Authorization

I consent to the sharing of information collected with other federal and provincial departments and agencies for the administration of the grants and contributions programs and the Market Expansion Program created by the Atlantic Trade and Investment Agreement and for such uses authorized herein.

Authorized Officer Name (Print):

Authorized Officer Name (Signature):

Job Title:

Date: