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Tel : (852) 2542 2311 Fax : (852) 2416 3782 Website: www.wmgroup.hk

Questionnaire

Part 1: Necessary

Part 2: Optional

| Basic Informat | | | | |
|------------------|--------|------------------|----------------|--|
| ompany Inform | ation | Basic Infor | mation | |
| Company Name | | | | |
| Address | | | | |
| Геl. | | | | |
| ax. | | | | |
| | | | | |
| | _ | Contact P | erson | |
| Mr./Mrs./Ms. | | | | |
| ob Title | | | | |
| E-mail | | | | |
| Direct Tel. No | | | | |
| roject Informati | | w trade? (Accept | more than one) | |
| - | EUROPE | ASIA | MIDDLE-EAST | |
| OTHERS: | | | | |



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| What are the production locations of your company? | | |
|---|-------------------------------------|----------------------------|
| What are the current stocking locations of your compa | ny? | |
| Which other relevant developments do you foresee in supply chain? (e.g. new product launches, new markets etc.) | | |
| Logistics Partners (OPTIONAL) Do your currently work with logistics service provides v | vhose services y | ou would like to us |
| Hong Kong as well? | | |
| | | |
| If so, please state their names: | o outsource to a | logistics service |
| If so, please state their names: | | logistics service |
| If so, please state their names: | Yes | |
| If so, please state their names: | Yes | □No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) | Yes | □No □No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) Air freight forwarding | Yes Yes Yes | □ No □ No □ No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) Air freight forwarding Warehousing | Yes Yes Yes Yes Yes | No No No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) Air freight forwarding Warehousing Cross docking | Yes Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) Air freight forwarding Warehousing Cross docking Value adding logistics (e.g. labeling, packaging, etc.) | Yes Yes Yes Yes Yes Yes Yes | No No No No No No No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) Air freight forwarding Warehousing Cross docking Value adding logistics (e.g. labeling, packaging, etc.) Value adding services (e.g. order management, | Yes Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No No |
| If so, please state their names: Which of the following logistics services do you want to provider? Consolidation services(LCL) Full container loads(FCL) Air freight forwarding Warehousing Cross docking Value adding logistics (e.g. labeling, packaging, etc.) Value adding services (e.g. order management, customer/financial services) | Yes Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No No No No |

V. Product Information



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| | Is it dangerous goods of | f your products? | | | | |
|---|---|-------------------|------------------|---------------------|---------------------|------|
| | Yes No | | | | | |
| | Can any goods be classi | fied as perishabl | le? | | | |
| | Yes No | | | | | |
| | Please describe how yo | ur products are | packed. (e.g. in | carton boxes, in bi | g bags, in drums, e | tc.) |
| | Inbound Shipment | | | | | |
| | Inbound transportation | and receiving (F | rom production | n to warehouse) | | |
| Γ | Number of inbound shi | | | | | |
| - | Country and city of | 20' | 40' | | | |
| | origin | Container | Container | LCL shipment | Air Shipment | Othe |
| Ī | 1. | | | | | |
| - | 2. | | | | | |
| ľ | 3. | | | | | |
| ľ | 4. | | | | | |
| ŀ | 5. | | | | | |
| | Is special handling equip Yes No If so, please specify: | pment required? | ? | | | |
| | onal Warehousing – Logistics | s | | | | |
| | Yes(Please answer belo | | No (Please | move to next parts) | | |
| | How many % of the tota | | | | Hong Kong? | |
| | , | om factory to cl | | 5 | 5 6 | |



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| | Total warehousing space | ce required | m ² | | | | | |
|---------------|---|------------------------------|-------------------------------------|--|--|--|--|--|
| | Floor storage | | m ² | | | | | |
| | Pallet racking | | | Pallet locations | | | | |
| | Shelf storage | | | m ² | | | | |
| | Bin storage | | | m ² | | | | |
| | Others | | | | | | | |
| 4. | Are there any special storage Yes No If so, please specify: | | | gh security, etc.) | | | | |
| 5. | Are value adding activities red Yes No If so, please specify: | | | stomization) | | | | |
| C. Out | Outbound Shipment bound transportation Number of outbound shipmen | nts per month (form w | rarehouse to custom | ers) | | | | |
| | Country and city of destination | Percentage of total outbound | Number of shipments per month | Average size per shipment(in allets, cartons or kgs) | | | | |
| | A. | % | | | | | | |
| | В. | % | | | | | | |
| | C. | % | | | | | | |
| | D. | % | | | | | | |
| | E. | % | | | | | | |
| 2. | Do you expect express shipmed Yes No If so, please specify as percent Do you have preference for a No | tage of total outbound | d volume: | % | | | | |
| | If so, please specify: | | | | | | | |



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| 4. | Are transport related value adding activities required? |
|----|---|
| | ☐ Yes ☐ No |
| | If so, please specify: |
| D. | Additional Information |
| 1. | Are special administrations/ finance related value adding services required? |
| | ☐ Yes ☐ No |
| | If yes, please specify the activities (e.g. fiscal representation, customer invoicing, inventory |
| | management, customer services, etc.) |
| 2. | Are special IT-related services required? Yes No |
| | If yes, please specify (e.g. bar-code driven operation, tracking and tracing, real-time access to |
| | warehouse management system, etc.) |
| | |
| 3. | Is certification required? |
| | Yes No |
| | If yes, could you specify the processed which need to be certified and which certification is required (e.g. ISO 9000, GMP, TAPA, dangerous goods)? |
| 4. | Is office space required? |
| | Yes No |
| | If so, please specify the required number of m ² : |
| 5. | Is there any additional remark that might be help to understand your specific logistics |
| | requirements? |
| | |
| Pa | art 2: |
| A. | Satisfaction |
| 1. | What is your overall satisfaction rating with our company? |
| | Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied |



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2. Please rate your level of satisfaction with our sales representative in the following areas.

| | Very Satisfied | Somewhat Satisfied | Neither Satisfied Nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied | | |
|---|-------------------|-----------------------|------------------------------------|--------------------------|----------------------|--|--|
| Responsiveness | | | | | | | |
| Professionalism | | | | | | | |
| Understanding of your needs | | | | | | | |
| 3. For how long have you been using our service? Less than a month 1-12 months 1-3 years Over 3 years Never used 4. How often do you use our service? Once a week 2 or 3 times a month Once a month Less than once a month | | | | | | | |
| 5. How satisfied are you with our service? Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied | | | | | | | |
| 6. What impressed you most about our service? Quality Price Shopping Experience Usability Customer Service | | | | | | | |
| 7. How effectively do our services solve your problems? | | | | | | | |
| Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied | | | | | | | |
| 8. What disappo | ointed you most a | about our service | n? | | | | |
| Quality | Price S | hopping Experier | nce Usabi | ility Cus | tomer Service | | |



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| 9. | 9. What do you like about the service? | |
|-----|---|-----------------------|
| 10. | 10. What do you dislike about the service? | |
| 11. | 11. Would you use our service in the future? | |
| | Definitely Probably Not Sure Probably Not D | efinitely Not |
| 12. | 12. Would you recommend our service to other people? | |
| | Definitely Probably Not Sure Probably Not D | efinitely Not |
| 13. | 13. Please honestly discuss why you advocate or dissuade others f | from working with us: |
| | | |
| В. | B. Website/ Facebook | |
| 1. | Does our website/Facebook's fans page provide a pleasant explain the second secon | perience for you? |
| | Definitely Probably Not Sure Probably Not D | efinitely Not |
| 2. | 2. What resources could we add to our website/ Facebook to hel | lp you? |



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-THE END-

*All transaction are to the Company Standard Trading Conditions (copies available on request from the Company) and which, in certain cases, exclude or limit the Company's liability, and include certain indemnities benefiting the Company.

*The data and information collected are abided by our private policy (http://www.wmgroup.hk/WMGroup/privacypolicy.php).

*The data and information will be kept for 3 years and will destroy afterward.