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: |  | | |

1. About plant:

|  |  |
| --- | --- |
| Capacity Per Hour/Per Day: |  |
| No. of Shifts to Run (or ) Working Hours/Day: |  |
| Raw Salt Quality :   * % Ca * % Mg * % SO4 * % Insoluble * % NaCl |  |
| Final Quality Desired (% NaCl): |  |
| End Use of Salt: | Table  Kitchen  Industrial  Combination |
| Type of Refinery: | Mechanical  Vacuum Crystallization |
| Infrastructure Available :   * Site (location) * Land Area Available * Unit Registered or Yet to be Registered * Power Rating * Availability of Services Like (water/electricity/ steam) |  |

1. general:

|  |  |  |
| --- | --- | --- |
| Are you the end user? | **:** | YES  NO |
| When it is planned to come in production? | **:** |  |
|  |  |  |

1. do you want us to quote packing machine, if yes  
   please specify packing type and size:
2. Any other information and data, which may be useful for us to design:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Authorized Signatory:** |  |
| Designation: |  |