

New Product Profile

Characteristics		Date / Initials
1. Product type: <input checked="" type="checkbox"/> Creamy Additional product info: (For ex: Creamy, light aroma, etc.) _____	Formulation Type: <input type="checkbox"/> Good <input type="checkbox"/> Better <input checked="" type="checkbox"/> Best	Date: \ \ Initials:
2. Product benchmark(s) Provided: <input type="checkbox"/> ex. Cetaphil gentle cleanser... <input checked="" type="checkbox"/> ex. Nutrogena Ultra Gentle cleanser Additional benchmark info: _____	Provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date: \ \ Initials:
3. Product target weight or volume: <input checked="" type="checkbox"/> 50ml <input checked="" type="checkbox"/> 200ml <input checked="" type="checkbox"/> 500ml <input type="checkbox"/> 1000ml Other: <input checked="" type="checkbox"/> 100 gm <input checked="" type="checkbox"/> 250ml <input checked="" type="checkbox"/> 50gm		Date: \ \ Initials:
4. Product purchase pricing target: (at min. quantity) <input type="checkbox"/> Range- between Rs <u>99</u> and Rs <u>499</u>		Date: \ \ Initials:
5. Anticipated minimum order quantity: <input type="checkbox"/> <10000 <input type="checkbox"/> 10000-25000 <input checked="" type="checkbox"/> 25000-50000 <input checked="" type="checkbox"/> 50000-100000 <input checked="" type="checkbox"/> 100000+ Other: <input type="checkbox"/> _____		Date: \ \ Initials:

<p>6. Product Claim(s):</p> <p><input checked="" type="checkbox"/> Organic <input type="checkbox"/> 70% Organic <input type="checkbox"/> Made with organic</p> <p><input type="checkbox"/> OTC <input type="checkbox"/> Anti- Aging <input checked="" type="checkbox"/> Natural</p> <p><input type="checkbox"/> 100% Natural</p> <p>Other:</p> <p><input checked="" type="checkbox"/> Johnson <input type="checkbox"/> _____</p> <p>Additional claims info: (for ex: Sulfate free, etc.)</p> <p>_____</p>	<p>Claim(s):</p> <p><input checked="" type="checkbox"/> NPA</p> <p><input type="checkbox"/> NSF</p> <p><input type="checkbox"/> Anti-aging</p> <p><input checked="" type="checkbox"/> Organic</p> <p><input type="checkbox"/> SPF</p> <p><input type="checkbox"/> other _____</p>	<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>7. Product performance expectations: (ex.: Extra moisturizing)</p> <p><u>99 Percentage</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Claims:</p> <p>_____</p> <p>_____</p>	<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>8. Fragrance:</p> <p><input type="checkbox"/> Fragrance free <input type="checkbox"/> Provided by client</p> <p><input type="checkbox"/> Not provided by client</p> <p><input checked="" type="checkbox"/> Benchmark fragrance _____</p> <p>Other:</p> <p><input type="checkbox"/> _____</p> <p>Additional fragrance info: (vendor, part number, name, etc.)</p> <p>_____</p>	<p>Fragrance range:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> <.5%</p> <p><input type="checkbox"/> .5-1%</p> <p><input type="checkbox"/> 1-2%</p> <p><input checked="" type="checkbox"/> 2-3%</p> <p><input type="checkbox"/> Other _____</p>	<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>9. Does <u>NOT</u> contain the following raw materials:</p> <p><input type="checkbox"/> Parabens <input type="checkbox"/> SLS/SLES <input type="checkbox"/> Propylene Glycol</p> <p><input type="checkbox"/> 1, 4-Dioxane <input type="checkbox"/> Sulfate <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Color</p> <p><input type="checkbox"/> Phthalates</p> <p>Other requirements:</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>Additional raw material info:</p> <p>_____</p>	<p>Claims:</p> <p><input checked="" type="checkbox"/> Sulfate free</p> <p><input type="checkbox"/> Paraben free</p> <p><input type="checkbox"/> Petrochem free</p> <p><input type="checkbox"/> Phthalate free</p> <p><input type="checkbox"/> Other _____</p>	<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>

<p>10. Artwork:</p> <p><input checked="" type="checkbox"/> Client provided <input type="checkbox"/> Internal</p> <p><input type="checkbox"/> Other _____</p> <p>Other requirements: (ex.: multi-lingual)</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>Additional artwork info: (for ex.: screen printing)</p> <p>_____</p>	<p>Artwork requirements:</p> <p><input checked="" type="checkbox"/> 2 color</p> <p><input type="checkbox"/> 4 color</p> <p><input type="checkbox"/> Other _____</p>	<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>11. Package Material:</p> <p><input checked="" type="checkbox"/> PET <input checked="" type="checkbox"/> LDPE <input type="checkbox"/> MDPE <input type="checkbox"/> HDPE</p> <p><input type="checkbox"/> Other _____</p>		<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>12. Package type:</p> <p><input checked="" type="checkbox"/> Tube <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Jar <input type="checkbox"/> Other _____</p> <p>Case type:</p> <p><input type="checkbox"/> Master Carton <input type="checkbox"/> Inner Carton <input type="checkbox"/> Retail Cartons</p> <p><input type="checkbox"/> Box divider <input type="checkbox"/> Other _____</p> <p>Additional packaging info:</p> <p>(for ex.: must pass UPS drop test/ISTA 3A)</p> <p>_____</p>	<p>Shipping requirements:</p> <p><input type="checkbox"/> 4 per case</p> <p><input type="checkbox"/> 6 per case</p> <p><input checked="" type="checkbox"/> 12 per case</p> <p><input type="checkbox"/> 24 per case</p> <p><input type="checkbox"/> ISTA 3A test</p> <p><input type="checkbox"/> Other _____</p>	<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>13. Package color:</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Clear <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amber</p> <p><input type="checkbox"/> Green <input type="checkbox"/> Other _____</p> <p>Cap/pump color:</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Clear <input type="checkbox"/> White <input checked="" type="checkbox"/> Black</p> <p><input type="checkbox"/> Amber <input type="checkbox"/> Green <input type="checkbox"/> Other _____</p>		<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>
<p>14. Liner or seal:</p> <p><input checked="" type="checkbox"/> Induction <input type="checkbox"/> Unique Liner <input type="checkbox"/> Conduction</p> <p><input type="checkbox"/> Shrink band <input type="checkbox"/> Orifice reducer</p> <p><input type="checkbox"/> Other _____</p>		<p>Date: \ \</p> <p>Initials:</p> <p>.....</p>

15. Labels:

☒ Top ☐ Bottom ☐ Front ☐ Back ☐ Wrap
☐ Other _____

Date: \ \

Initials:

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Subhojit Sadhukhan

Client Signature:

Position: Kolkata

Date: .27.. \ ..01.. \ 2023