

Company Details	
Company Name	Company Name
Year of Establishment	Year of Establishment
Company Turnover	Company Turnover
Company Address	address
Company Website	Company Website
CONTACT PERSON'S DETAILS	
Contact Person Name	Contact Person Name
Contact Person Designation	Designation
Contact Number	Contact Number
How did you come to know about Lifespan?	How did you come to know about Lifespan?
PRODUCT DETAILS	
Product Name	Product Name
Product Type	Capsules
Product Type	Powders
CAPSULES DETAILS	
If any other please specify	Capsules
This Product will be applied under	FSSAI
If any other please specify	Capsules
Product Description	Capsules
Benchmark Products in Market (If any)	Capsules
Tentative Label Claim/ Ingredients List	Capsules
Desired Packaging Options	Capsules
Do you require Lifespan to provide Logistics	Yes
Tentative Budget	Capsules
Tentative MOQ	Capsules

Order quantities are for	Monthly
POWDERS DETAILS	
If any other please specify	POWDERS
This Product will be applied under	FSSAI
If any other please specify	POWDERS
Product Description	POWDERS
Benchmark Products in Market (If any)	POWDERS
Tentative Label Claim/ Ingredients List	POWDERS
Desired Packaging Options	POWDERS
Do you require Lifespan to provide Logistics	Yes
Tentative Budget	POWDERS
Tentative MOQ	POWDERS
Order quantities are for	Monthly
Others	
Any Other Specifications/queries	POWDERS .....Cap