
	<b>CUSTOMER QUESTIONNAIRE</b> Product Safety and Quality Management System			Form no.	3.2F2
				Rev No:	6
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				Date:	29 October 2020
<b>Approved By:</b>	Director	<b>Name:</b>	Clive Schlachter	<b>Signed:</b>	

Please complete the Customer Questionnaire to the best of your ability and return to info@kangopak.co.za

Name							
Contact number							
Email address							
What type of pouch? (Tick)	Stand up		Flat		Spout		
Is the pouch being produced currently?							
If <b>YES</b> , What is the current construction? (Tick)	Clear		Metallised		Met/Clear		
What are you going to pack?	Dry	What type?		Wet	What Type		
What volume do you want to pack? (ml or grams)							
Does it possess aggressive properties?							
How are you going to fill?							
If liquid is hot fill. What temperature?							
Is the product going to be refrigerated?							
What shelf life do you want?							
What type of barrier properties? (Tick)	Oxygen/Moisture			UV			
Would you like? (Tick)	Zipper		Tear Nick		Euro Slot		Round Corners
Do you require Samples?	If <b>YES</b> , please furnish us with your Physical Address						
<b>FOR PRINTED POUCHES ONLY</b>							
What is your monthly usage?							
Surface print or reverse printed PET?							
Is there existing artwork available? (Tick)	Y	N	If yes, what format?	PDF		PNG	JPG
How many colours? (Max 8)				What is the ink coverage? (%)			
Are die lines required?							