

**Company Details**

<b>Company Name</b>	test
<b>Year of Establishment</b>	test
<b>Company Turnover</b>	test
<b>Company Address</b>	test
<b>Company Website</b>	test

**CONTACT PERSON'S DETAILS**

<b>Contact Person Name</b>	test
<b>Contact Person Designation</b>	test
<b>Contact Number</b>	test
<b>How did you come to know about Lifespan?</b>	test

**PRODUCT DETAILS**

<b>Product Name</b>	test
<b>Product Type</b>	Capsules
<b>If any other please specify</b>	test
<b>This Product will be applied under</b>	FSSAI
<b>If any other please specify</b>	test
<b>Product Description</b>	test
<b>Benchmark Products in Market (If any)</b>	test
<b>Tentative Label Claim/ Ingredients List</b>	test
<b>Desired Packaging Options</b>	test
<b>Do you require Lifespan to provide Logistics</b>	Yes
<b>Tentative Budget</b>	test
<b>Tentative MOQ</b>	test
<b>Order quantities are for</b>	One Time
<b>Any Other Specifications/queries</b>	test