

## INTERNATIONAL BUSINESS FORUM OF BANGLADESH Members Information Form

**Type of the Business Organization: (Pls. ✓)**

Sole Proprietorship   
  Partnership   
  Public Ltd. Co.   
  Private Ltd. Co.   
  Chamber / Association   
  Others

**Nature of Business: (Pls. ✓)**

Manufacturer   
  Exporter / Importer   
  Wholesalers/retailer   
  Service  
 Indenter   
  Distributor   
  Other, Pls. Specify.....

Company Name:	Telephone:	Fax:
Represented By:	Position:	Tel:
		E-mail:

Mailing Address:	E-mail Address:	Website Address:
------------------	-----------------	------------------

Year of Business Establishment in Bangladesh:	Number of Employees:
---	----------------------

**Please (✓) That Apply to Your Business:**

<input type="checkbox"/> Power <input type="checkbox"/> IT & e-business <input type="checkbox"/> Hotel & tourism <input type="checkbox"/> Transportation <input type="checkbox"/> Light Engineering <input type="checkbox"/> Fish Processing <input type="checkbox"/> Education	<input type="checkbox"/> Service <input type="checkbox"/> Agro Based Industries <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Wholesale <input type="checkbox"/> Consulting / advertising <input type="checkbox"/> Garments <input type="checkbox"/> Communications	<input type="checkbox"/> Retail <input type="checkbox"/> Construction <input type="checkbox"/> Health Services / Pharmaceuticals <input type="checkbox"/> Foreign Investment <input type="checkbox"/> Textiles <input type="checkbox"/> Others _____
---	--	---

**What are the obstacles or challenges you experience in your business because of Govt. policy?**
**Which business issues would like to see included in the IBFB Business Agenda? Please (✓)**

<input type="checkbox"/> Implementation of existing laws	<input type="checkbox"/> Infrastructure – roads, bridges, etc
<input type="checkbox"/> Exporting/Import Barriers	<input type="checkbox"/> Shipping / Air
<input type="checkbox"/> Bureaucracy and licensing	<input type="checkbox"/> Corruption / Extortion
<input type="checkbox"/> Banking / Loans	<input type="checkbox"/> Intellectual Property Rights
<input type="checkbox"/> Foreign Investment	<input type="checkbox"/> Taxes / Duties / Tariffs
<input type="checkbox"/> Govt. Regulation	<input type="checkbox"/> Information / Education
<input type="checkbox"/> Safety and Security	<input type="checkbox"/> Others (Please Specify):

<b>Authorized Signature and Seal:</b>	<b>Name And Title:</b>	<b>Date: (dd / mm / yyyy)</b>
---------------------------------------	------------------------	-------------------------------