

Manufacturing Request

Description

I have a project

#

Choose your field and let's start

- Cosmetics
- Food

Please enable JavaScript in your browser to complete this form.

Account Manager

Name _____ Company Name * _____ Trade Name *
_____ Product Name * _____

Contact Information

Name * _____ Mobile Num * Email *

Primary packaging

Primary packaging *

- ☐ Jar
- ☐ Bottle
- ☐ Tube
- ☐ Sachets

Jar *

- ☐ Plastic
- ☐ Glass

Bottle *

- ☐ Plastic

- ☐ Glass

Tube *

- ☐ Plastic
- ☐ Laminated

Description: * _____ Primary packaging *

- ☐ Jar
- ☐ Bottle
- ☐ Blister
- ☐ Powder Sachets (Polyethylene Bag)

Jar *

- ☐ Plastic
- ☐ Glass

Bottle *

- ☐ Plastic
- ☐ Glass

Blister *

- ☐ Colors
- ☐ Transparent

Other: * _____

Primary Packaging Accessories

Primary Packaging Accessories *

- ☐ Cap
- ☐ Pump
- ☐ Sprayer
- ☐ Other:

Cap *

- ☐ Flip Top Cap
- ☐ Screw Cap

-
- ☐ Desktop Cap

Pump *

- ☐ White
- ☐ Black
- ☐ Other

Description: * _____ Primary Packaging Accessories *

- ☐ Cap
- ☐ Other:

Cap *

- ☐ Flip Top Cap
- ☐ Screw Cap

Single Use Tube * _____

Color:

Primary packaging Color * _____ Primary Packaging Accessories Color *

Secondary packaging:

Secondary packaging: *

- ☐ Box
- ☐ With Out Box

Primary Packaging Options : *

- ☐ Direct Printing
- ☐ Label Sticker

Label Sticker Options *

- ☐ White
- ☐ Transparent
- ☐ Mataliz

Label Sticker Options *

- ☐ Colored

- ☐ Transparent
- ☐ Mataliz
- ☐ Shrink

Secondary packaging specification: *

- ☐ Cellophane matt
- ☐ Cellophane Glossy
- ☐ Stamp
- ☐ UV
- ☐ Coverage
- ☐ Other:

Information

Astrix Pharma manufacture Information To be added?(in case If the product is European) *

- ☐ Yes
- ☐ No

Ingredients: *

- ☐ English only
- ☐ Arabic only
- ☐ Arabic & English

Barcode *

- ☐ From Astrix Pharma
- ☐ From Client

Barcode * _____ SFDA Registration *

- ☐ Astrix Account
- ☐ Client Account

Username * _____ Password * _____ Primary packaging
Picture: *

Click or drag files to this area to upload.
You can upload up to 4 files.

Age Group *

- ☐ Infants
- ☐ Adult
- ☐ Children
- ☐ Women
- ☐ Men

Master Formula Details:

Master Formula Details: *

- ☐ New Formula
- ☐ Old Formula
- ☐ External Supplier

Master Formula Details: *

- ☐ New Formula
- ☐ Old Formula

Active Materials Details: * _____ Product color and odor: *

_____ Dose Added by: *

- ☐ Client
- ☐ R&D

Dose Name * _____ Flavors : *

- ☐ Specific Flavor:
- ☐ Non-Flavored

Flavor: * _____ Specific Claims * _____ The Primary

Packaging Shape Approved by Sale

- ☐ Yes
- ☐ No

Submit

Date Created

March 23, 2024

Author

laila87