

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

default watermark

-
- 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

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Author

laila87