



Forms	SOP NO	QMSD_006
	Revision No	01
SECTION : New Business Development	Page Number	Page 1 of 3
Brief Form	Effective Date	July 2017
	Review Date	July 2019

INTERNAL USE: SAMPLE DEVELOPMENT FEE INVOICED YES / NO	HAS FEE BEEN PAID: YES / NO
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NEW PRODUCT DEVELOPMENT BRIEF

Please note:

- This Product Brief must be completed as comprehensively and accurately as possible, as this is the information SDK Agencies uses in developing and formulating a product to match as closely as possible to the clients requirements.
- Should the client amend the brief, or if the client did not complete the brief thoroughly, and the result is that SDK Agencies needs to re-formulate the product, this will be considered as a new development, and invoiced accordingly.
- Please complete a separate Product Brief for each individual product, or variant of a product, should there be more than one.
- Please do not hesitate to contact us should you have any questions. If unsure about an answer please state: "SDK TO ADVISE"
- Development and production of formulation samples takes 5 – 8 weeks from receipt of payment (Further delays due to imported or rare commodities will be communicated)
- Formulae remain the Intellectual Property of SDK Agencies (Exclusivity and ownership may be purchased at additional cost).
- Please read through the Terms and conditions carefully, if you have not been issued with a copy, please ask for one.

<u>Client Information</u>	
Client business name:	
Client contact person & details:	
Date:	
Brief/ project name	
Background information Rationale (Why?) / Brand Objectives (What?)	
Benchmark Product	
PROVIDED: YES <input type="checkbox"/> NO <input type="checkbox"/>	



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Benchmark Image		
Standalone / Part of range		
Ingredients Listing provided		
<u>CONSUMER TARGET MARKET</u>		
What age group of consumers will be using this product (e.g. baby, child, teenager, young adult, mature adult)		
Proposed product positioning in the marketplace (e.g.: premium, mass market, etc.)		
Anticipated Launch Date		
What is the min and max cost per unit we must develop the according to? Please note that this refers to SDK Agencies price to you. Formula(R/Kg)	<u>PRICING STRUCTURE</u>	
	Formula(R/Kg)	
	Packaging (per Unit)	
	Selling Price (per unit)	
	Volume (R/ml)	
	Extra Ordinary ests/Evaluation	



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Estimated launch annual quantity	
<u>FORMULATION SPECIFICATIONS</u>	
Anticipated action / purpose (e.g. moisturise, sunscreen, cleanse etc).	
Format (Consistency e.g.: lotion, cream, gel, water-like etc.)	
Intended claims: what must the product deliver (hard marketing claims)	
Colour (include Pantone colour chart number, if available)	
Fragrance (name & supplier if available, or description of fragrance)	
Area of application of product (e.g. body, face, hair, eyes, etc.):	
Any specific Raw Material(s) to be included (herbal extracts, particular ingredients etc.)	
Any specific Raw Material(s) to be excluded	
Other desired characteristics	



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Any particular claims/tests Please ask your CRM for cost implications	<input type="checkbox"/> SPF please state factor _____ <input type="checkbox"/> SENSITIVITY <input type="checkbox"/> BEAUTY WITHOUT CRUELTY <input type="checkbox"/> ANTI-AGEING <input type="checkbox"/> MOISTURISATION <input type="checkbox"/> PRESERVATIVE CHALLENGE TESTING <input type="checkbox"/> OTHER (please specify) _____ <p style="text-align: center;">INTERNAL USE: INVOICED YES / NO PAID YES / NO</p>
<u>TECHNICAL REQUIREMENTS</u>	
INCI (Ingredient Listing)	
Certificates of analysis (COA) of raw materials	
MSDS (Material Safety data Sheet)	
Proof/Documentation of product stability testing	
Proof/Documentation for product packaging compatibility testing	
Export requirements: do you intend on distributing to countries other than South Africa	State countries of export:
Other	



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Additional Information

Client Signature: _____

CRM Signature: _____

Date: _____

Date: _____

<u>PACKAGING SPECIFICATIONS</u>	
<u>PRIMARY PACKAGING</u>	
Benchmark image	ORIGINAL
Type of container/ unit packaging (i.e Bottle, tube, lipstick container)	
Closure/top (i.e screw cap, flip-top, disc top, pump & actuator)	
Direct Print /label/Sleeve (Include no. of colours required)	
Unit Barcode	
Tamper proofing	
Volume/ fill size	
Unit carton	



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(Include no. of colours required & desired material type, if applicable)	
Additional packaging <ul style="list-style-type: none"> - Shade label(s) - Ingredient label - Carton shrink sleeve/ cellophane - Euro slot 	
Packaging material specifications and Die line Drawings required	
<u>PACKAGING CONFIGURATION</u>	
Inner packing QTY	
Inner carton or shrink wrap	
Inner label details	
Inner barcode	
Outer packing QTY	
Outer shipper	
Outer label details	
Outer barcode	
Special handling notifications	
<u>PRICING STRUCTURE</u>	
Formula(R/Kg)	
Packaging (per Unit)	
Selling Price (per unit)	
Volume (R/ml)	



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Extra Ordinary Tests/Evaluation	
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Additional Information

Client Name: _____ SDK Representative: _____

Client designation: _____

Client Signature: _____ SDK Rep. Signature: _____

Date: _____

Date: _____

ORIGINAL