

IMW REQUEST FORM

RETURN TO: IMWHELP OR FAX TO +91-404-374-1392

DATE REQUESTED: 10/1/2013

FIRST NAME: Biserka LAST NAME: Nikolova

FULL TEL. #: ()

E-MAIL ADDRESS IF DIFFERENT FROM OUTLOOK: bnikolova@bg.estel.com

MGR. NAME: Lyubenu Lyudmil

ARE YOU A NEW OR EXISTING USER? NEW EXISTING IF NEW, PLEASE FILL OUT ENTIRE FORM. IF EXISTING, JUST CHECK "EXISTING" AND FAX THE FORM TO: PTM SUPPORT.

<input type="checkbox"/> ADF CORPORATE	<input type="checkbox"/> ARAMIS	<input type="checkbox"/> AVEDA
<input type="checkbox"/> BEAUTYBANK	<input type="checkbox"/> BOBBI BROWN	<input type="checkbox"/> BREAST CANCER AWARENESS
<input type="checkbox"/> BUMBLE AND BUMBLE	<input type="checkbox"/> CALYX	<input checked="" type="checkbox"/> CLINIQUE
<input type="checkbox"/> COACH	<input type="checkbox"/> CRÈME DE LA MER	<input type="checkbox"/> DARPHIN
<input type="checkbox"/> DONNA KARAN	<input type="checkbox"/> ESTÉE LAUDER	<input type="checkbox"/> JO MALONE
<input type="checkbox"/> KITON	<input type="checkbox"/> LAB SERIES	<input type="checkbox"/> MAC
<input type="checkbox"/> MICHAEL KORS	<input type="checkbox"/> MISSONI	<input type="checkbox"/> OJON
<input type="checkbox"/> ORIGINS	<input type="checkbox"/> OSIAO	<input type="checkbox"/> SEAN JOHN
<input type="checkbox"/> SMASHBOX	<input type="checkbox"/> TOM FORD	<input type="checkbox"/> TOMMY HILFINGER
<input type="checkbox"/> TORY BURCH	<input type="checkbox"/> ZEGNA	

PLEASE READ THE DESCRIPTION OF THE 3 DIFFERENT SET UP OPTIONS AND CHOOSE ONE (1).

CORPORATE USER—ABLE TO VIEW & UPDATE INFORMATION ON WEBSITE REGARDING ASSIGNED BRANDS.

DEPT. NAME: _____ Div. / DEPT. #: _____

BUILDING LOCATION: _____

WILL YOU NEED TO: PUBLISH INFORMATION VIEW DOCUMENTS ON THE SITE

IF YOU ARE GOING TO PUBLISH, PLEASE NOTIFY THE I.S. HELPDESK IF YOU DO NOT HAVE ADOBE ADOBE ACROBAT. NOTE: THIS IS NOT ADOBE ACROBAT READER, THIS IS ADOBE ACROBAT, THE PROGRAM THAT ALLOWS YOU TO CREATE PDF FILES.

ARE YOU A MEMBER OF INTERNATIONAL MERCHANDISING?: Yes No

WEB USER—ABLE TO VIEW INFORMATION. CAN ORDER COLLATERAL FOR DESIGNATED AFFILIATE FOR ASSIGNED BRANDS.

WHAT MARKET? BULGARIA

WILL YOU BE ORDERING COLLATERAL? Yes No

WILL YOU BE MANAGING OTHER USERS? Yes No

REGIONAL USER AND TRD/DIST COORDINATOR—(PLEASE FILL IN MARKETS) ABLE TO VIEW INFORMATION AND ORDER COLLATERAL FOR ASSIGNED MARKETS AND RUN REPORTS ON THE DIFFERENT MARKETS.

1)	4)	7)
2)	5)	8)
3)	6)	9)

AFFILIATE CODING SYSTEM USER—PLEASE ENTER YOUR MARKET. _____