

Business Needs Review (Optional)



Name

Date:

If you would like further assistance regarding your business, please complete and return this form regarding any additional advice or assistance you may require!

1. Basic Details

Describe your business activity and industry.

What competition exists for your business, do many people do what you do?

How many staff do you have?

2. Current Performance

On a scale of 1 to 10 (1 being poor, 10 being excellent) how would you rate your businesses current performance?

What Revenue Growth has the business achieved over the past 12 months?

What Net Profit Growth has the business achieved over the past 12 months?

Do you face Cash flow difficulties?

How are your staff performing, do you have staffing issues (particularly staff turnover)?

Are you up to date with your tax obligations (lodgements and payments)?

3. Your Role in the Business

How many hours do you work on average each week?

Business Needs Review (Optional)



How many weeks do you work per year?

How do you feel about your role in the business?

Are you dispensible?

What would happen to your business if you were to be unable to work (due to accident or illness) or were to die?

When do you plan to retire?

What are your succession plans for the business (ie. intend to sell, intend to pass to family, pass to business partner)?

If you intend to sell, is your business sellable, is your profit maintainable?

4. Assistance you Seek

Please identify which areas you seek assistance with –

Monthly / Quarterly Profit & Cash Flow Reporting	<input type="checkbox"/>	Monthly / Quarterly Management Meetings	<input type="checkbox"/>
Business Performance Review	<input type="checkbox"/>	Key Performance Indicator ("KPI") Reporting	<input type="checkbox"/>
Tax Planning Review	<input type="checkbox"/>	Budget / Cash Flow Forecasting	<input type="checkbox"/>
Shareholders Agreement (Incl. Buy / Sell)	<input type="checkbox"/>	Insurance to fund a Buy / Sell Agreement	<input type="checkbox"/>
Business Structure / Asset Protection Review	<input type="checkbox"/>	Creating a Business Plan	<input type="checkbox"/>
Business Succession Plan	<input type="checkbox"/>	Business Valuation Report	<input type="checkbox"/>
Groom Business for Sale	<input type="checkbox"/>	Establish Business Systems (incl. Accounting Systems)	<input type="checkbox"/>
Key Personal Insurance (including for key staff)	<input type="checkbox"/>	Debt Refinancing / Restructuring	<input type="checkbox"/>

Please return this form to us and we will contact you to arrange a time to meet and discuss your requirements.