

Law firm name

2.

Business Profile

S						
Your company's legal name:						
Company trade name (if applica	ble):					
Address:						
1						
Telephone:	Fax: E-mail:					
Start-up date of your business:	Number of employees:					
How is your business structured	?					
Sole proprietorship	Partnership 🗌	Corporation 🗌				
Who owns your business: owners and key management personnel List of Key Personnel/Principals						
	- Committee of the comm	% of	Years in			
Name	Title/ Responsibilities	business held	business			
			· ·			
Describe your management team. What are your/their qualifications, strengths and weaknesses?						
Describe your management t	ream. What are your/their qualifications	s, strengths and wea	aknesses?			
	ream. What are your/their qualifications		aknesses?			
Professional advisors: you	ur legal and accounting firms (last	five years)				

Location

Name of lawyer



Succession planning death, illness or retiren	: What plans have been nent?	made in the event of ov	vners/key management's
with other businesses, between all parties invo		n organizational chart o	
Einancial hictory hig	inights for the past thi	ee years	
Financial history hig	20	20	20
Financial history hig	20_	20_	20_
Sales	20_	20_	20_
Sales Net earnings	20_	20_	20_
Sales Net earnings Total assets	20_	20_	20_
Sales Net earnings Total assets Total debt	20_	20_	20_
Sales Net earnings Total assets	20_	20_	20_