

Please prepare a DRAFT Capital Raising Scenario for my business.

PLEASE SAVE THIS FORM WITH YOUR NAME AS THE FILE NAME BEFORE SENDING IT TO ASSOB.

To enable us to construct a detailed DRAFT Capital Raising Scenario for your business or business idea, please complete the following details:

1. Name, or proposed name, of your enterprise:

2. If you were to tell the story of your business, your business project or your investment opportunity as you would to someone at a barbeque you were holding, or at a family gathering what would you say? :

3. All the names (or nominees) of the current stakeholders (including founders, inventors etc) and any other person(s) whom you may consider including in the “founder’s” box. These will be the “current owners”. Please also indicate the **percentage of ownership** considered to be **currently held** by each “founder”. Percentages do not need to be exact, just detail the approximate shareholding each of the founder shareholders will have. If anonymity required please use pseudonyms.

Current Owner(s)	% Considered held
	%
	%
	%
	%
	%

4. Approximate **amount** of capital required ? \$

5. Percentage (%) of ownership of the enterprise you are prepared to give up in order to obtain the required funds?

 %

6. If your business achieves the goals you want it to how do you expect your investors will get their money back?

Note: Please tick the box that is the most suitable exit strategy

- We already have a company in mind who we are strategically building our company so they will buy us
- We will sell the business on the open market to a third party
- We will list on a Stock Exchange through a Public Offering or Backdoor Listing
- Not sure at this stage

7. Average annual EBIT (Earnings Before Interest and Tax) for last 3 years or projected 3 years: \$

Note: You are welcome to use the boxes below to calculate your average EBIT over three years

Year One EBIT:	<input type="text"/>
Year Two EBIT:	<input type="text"/>
Year Three EBIT:	<input type="text"/>
Total EBIT for three years:	<input type="text"/>
Divide by 3 to get average:	<input type="text"/>

8. Please complete your details so we can get your Capital Raising Scenario back to you as soon as we can

Applicants Name:	<input type="text"/>
Town / City:	<input type="text"/>
State / Territory:	<input type="text"/>
Landline:	<input type="text"/>
Mobile:	<input type="text"/>
Website: http://www	<input type="text"/>
Email Address:	<input type="text"/>
ASSOB Sponsor (if known)	<input type="text"/>
Who referred you to this form?	<input type="text"/>

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Please return this form to:

<input type="text"/>	<input type="text"/>
<small>NAME</small>	<small>EMAIL</small>

or fax to

or mail to