

BUSINESS PLAN

Business Details

Business Name:

Contact (full name):

Business Address:

Post Code:

Phone Number:

Fax Number:

Mobile Number:

E-mail address:

Web Site:

Principal Business Activity:

The Proprietor

Name:

Contact (full name:

Address:
(if different to business
address)

Post Code:

Phone Number:

My previous employment and previous business experience (attach a CV)

My relevant qualifications, skills, knowledge and experience:

Interests, hobbies, positions of responsibility (outside work):

My personal strengths:

My personal weakness:

Training requirements are identified as follows:

Partner / Partners (if applicable)

Name:

Contact (full name):

Address:
(if different to business
address)

Post Code:

Phone Number:

My previous employment and previous business experience (attach a CV)

My relevant qualifications, skills, knowledge and experience:

Interests, hobbies, positions of responsibility (outside work):

Personal strengths:

Personal weakness:

Training requirements are identified as follows:

The Business

Type of Business:

Sole Trader

Partnership

Limited Company

Franchise

Other (note:)

Partnership

Number of partners:

Limited Company

How many people will be holding voting shares?

My percentage voting share is:

If your business is likely to operate through Limited Company please supply a copy of the memorandum and articles of associate.

Franchise

If your business is a franchise, distributorship or agency please supply a copy of any agreement or contract.

Product or Service

A description of the product or service in detail: (enclose leaflet if available)

The aims and objectives for the business are:

Short term (next 3 years):

Short medium (next 6 years):

Product / Service Cost:

£

Calculation to arrive at the selling price of the product, or the hourly rate of the service:

Market Analysis

Market research

e.g. sources of information, statistics on potential customer, attach copies of questionnaires etc if appropriate.

Market Segment

My customers are described as (e.g. industrial/consumer, age, income group, local/UK/foreign)

Market size and potential

i.e. what is the demand for your product / service?

Compare your product/service with your competitors

The main advantages of my product / service over my competitors are:

The product / service is unique because:

Competitors:

My competitors are:

Suppliers

My suppliers are:

The terms agreed are:

Market Strategy

Market Plan

How do you intend to promote your product / service? How will you reach your customers?
How will you sell your product / service? How much will these activity cost?

Contact made so far e.e. order / contracts / letters of intent:

Firm orders already gained:

Worth: £

Operations

How the business will operate:

Premises:

Costs: £

Plant and equipment:

Costs: £

Vehicles:

Costs: £

Statutory Requirements

Legal Requirements:

The following legal requirements are associated with the service / product e.g licence, trading standards etc:

Health and Safety:

What are the health and safety hazards which arise out of the operation of your business and what statutes govern the control measures?

Insurance:

Insurance cover for the business is:

Estimated Costs: £

Personnel requirements:

Will the business require staff?

Staff training requirements:

Associated Costs: £

Contingency Plan:

The following contingency plans will be put into operation in the event of illness or injury or other similar situations.

Associated Costs: £

Investment Sources

Private Sector:	/ Details	£
Own resources		
Bank		
Other Private Sector		
Total Private Sector		

Public Sector	Details	£
Loans		
Grants (note)		
Other Public Sector		
Total Public Sector		

Any Other Source (please note)	Details	£

Policies

Note your policy on the following:

Customer Satisfaction:

Equal Opportunities:

Welsh Language:

Sustainability:

Additional Notes

Please note any additional information, which will assist others to understand more about yourself / your business / finance etc.