

## YOUR TO GREATER OPPORTUNITIES

## **Business Venture Proposal Application**

Please answer all questions on this application form and attach to your business venture proposal.

Return to: IBA Investments, PO Box 38, Woden ACT 2606.

For further information regarding Indigenous Business Australia's application process please contact us on FreeCALL™ 1800 107 107\* (option 3) or visit <a href="www.iba.gov.au/ibainvestments">www.iba.gov.au/ibainvestments</a>

Section A. Applicant Details					
Names		Title: Mr	Mac	] Ma [	Miss D.
Name:		Title: Mr	Mrs	Ms	Miss Dr
Business / Organisation Name:					
Position:					
Address:					
State: Postcode:					
Postal Address:					
State: Postcode:					
Contact Numbers: H	W		М		
Are you Indigenous? Yes No (if you	answered Yes g	o to Section C, if	you answer	ed No go t	o Section B.)
Section B. Indigenous Business Partner/s De	tails				
Community Group / Organisation:					
Position:					
Contact Numbers: H	W		M		
Email:					
Community Group / Organisation:					
Position:					
Contact Numbers: H	W		M		
Fmail					•

<sup>\*</sup> Calls to 1800 numbers from your home phone are free. Calls from mobile or public phones may be timed and charged at a higher rate.

## Section C. Proposal Checklist

	o submitting the application please che r business proposal:	ck you	have included the following information
	General Overview		Cash Flow Projections
	Core Business		Independent Valuation
	Business Plan		Management Experience
	Viability of Joint Venture Partners		IBA Participation
	Market Analysis		IBA Application Form
	Historical Financials		
Sect	tion D. Declaration		
1.	I understand this is a proposal only an	d may	not necessarily result in a business venture with IBA.
2.			osal is true and correct and I understand any ommission Business Australia rejecting this proposal.



Date

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Signature