

APPLICATION FORM FOR: BUSINESS CONSULTING SERVICES



- **Please return this form via eMail to: info@bhgroup.eu**
- **Your company information (if applicable)**

Company Name	
Company Registration Number	
Registered Company Address	
Company Mailing Address (if different)	
Company Telephone / Facsimile number	(+) / (+)
Company E-mail Address	
Date Company established / prospective start date	
Number of employee(s)	
Number of external agents	

- **Your company representative information**

Individual Name	
Title/Position/Authority	
Mailing Address	
Mobile/Cell Phone number	(+)
Facsimile Number	(+)
E-Mail Address	
Place of Birth	
Passport Number	
Issuing Country Passport	
Date of Expiration	

▪ **Your company Lawyer / Attorney information**

Name of Attorney	
Name of Law Firm	
Address	
Law Firm's telephone number	(+)
Mobile phone number	(+)
Facsimile Number	(+)
E-Mail Address	

▪ **Your company Accountant information**

Name of CEO of accountancy firm	
Name of Accountancy Firm	
Address	
Accountant Firm's telephone number	(+)
Mobile phone number	(+)
Facsimile Number	(+)
E-Mail Address	

▪ **Your company Reference Bank information**

Name of Bank and Branch	
Address of Bank	
SWIFT Code – BIC Bank Number	
Account Number (prefer IBAN number)	
Name(s) of Account Signatory (ies)	
Date Account established	
Name of Bank Officer	
E-mail Address of Bank Officer	
Telephone Number	(+)
Facsimile Number	(+)

▪ **Please indicate your industry / activity field**

- | | |
|---|--|
| <input type="checkbox"/> Accommodation and food service activities | <input type="checkbox"/> Activities of extraterritorial organisations and bodies |
| <input type="checkbox"/> Activities of households as employers | <input type="checkbox"/> Administrative and support service activities |
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Arts, entertainment and recreation |
| <input type="checkbox"/> Commodities trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Education | <input type="checkbox"/> Electricity, gas, steam and air conditioning supply |
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Financial and insurance activities |
| <input type="checkbox"/> Human health and social work activities | <input type="checkbox"/> Information and communication |
| <input type="checkbox"/> Mining and Quarrying | <input type="checkbox"/> Non-Profit & Charity Organizations & associations |
| <input type="checkbox"/> Other service activities | <input type="checkbox"/> Professional, scientific and technical activities |
| <input type="checkbox"/> Public administration and Defense | <input type="checkbox"/> Real-Estate activities |
| <input type="checkbox"/> Renewable Energies | <input type="checkbox"/> Transportation and storage |
| <input type="checkbox"/> Water supply, sewerage, waste management and remediation | |
| <input type="checkbox"/> Wholesale and retail trade; repair of motor vehicles and motorcycles | |

▪ **Please provide details regarding your international presence (location of: headquarters, branches, representation agents)**

- | | |
|---|---|
| <input type="checkbox"/> European Union : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Other Western Europe : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Eastern Europe : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> USA & Canada : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Carribean Area : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Latin America : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Middle-East : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Asia : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Pacific Area : | _____ / _____ / _____ / _____ / _____ / |
| <input type="checkbox"/> Africa : | _____ / _____ / _____ / _____ / _____ / |

▪ **Was any of your directors / shareholders ever involved in any of the following ?**

- | | |
|--|--|
| <input type="checkbox"/> Bankruptcy or Prohibition to Manage a company | <input type="checkbox"/> Money-Laundering or Financial Crime Investigation |
| <input type="checkbox"/> Civil / Penal Prosecution | <input type="checkbox"/> Prohibition to Manage/Participate in Financial Activities |
| <input type="checkbox"/> Management of activities related to Military/Adult & Pornography/Gambling & Casinos/Esotericism/Drugs | |

▪ **Please indicate your position/role in the company**

- | | | | |
|--------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Director | <input type="checkbox"/> Other Executive | <input type="checkbox"/> None (Broker) |
|--------------------------------------|-----------------------------------|--|--|

▪ **Please indicate your development stage**

- | | | |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Idea/Seed | <input type="checkbox"/> Project | <input type="checkbox"/> Start-up |
| <input type="checkbox"/> Development/Growth | <input type="checkbox"/> Maturity | <input type="checkbox"/> Transmission |

▪ **Please provide an overview of your financials (if available/applicable)**

Last year Turnover

- 500K-1M €//\$ 1-5M €//\$ 6-10 M €//\$ 11-25 M €//\$ > 25 M €//\$

Last year E.B.I.T.D.A

- 500K-1M €//\$ 1-5M €//\$ 6-10 M €//\$ 11-25 M €//\$ > 25 M €//\$

Cumulated E.B.I.T.D.A over the last 3 years

- 500K-1M €//\$ 1-5M €//\$ 6-10 M €//\$ 11-25 M €//\$ > 25 M €//\$

▪ **How would you currently define your corporate social environment / relations with your workforce?**

- Outstanding Good Regular Negative Critically low

▪ **How would you currently define your market positioning VS competitors?**

- Outstanding Good Regular Negative Critically low

▪ **What is currently the overall perception of your products/services (customers satisfaction index) in terms of quality, price, production/delivery timeframe, post-sales services?**

- Outstanding Good Regular Negative Critically low

▪ **How critical is the situation for which you are soliciting us ?**

- Urgent (business continuity risk) Relevant (many performance gaps, clients/employees leaving)
 Regular (we want to do a better job) Irrelevant (for information only, may be needed in the future)

▪ **Current Board Members / Management Structure**

Board Members names	Top Management Members names
President:	CEO :
VP :	CFO :
Secretary :	COO :
Member 1:	CTO :
Member 2:	Other Key Executive 1 :
Member 3:	Other Key Executive 2 :
Member 4:	Other Key Executive 3 :
Member 5:	Other Key Executive 4 :

▪ **Please select the typology of services that you will require from us :**

- Corporate Performance Improvement (continue to page 5 after this page)
 Financial Advisory Services (go directly to page 6 after this page)
 Project Management Support (go directly to page 7 after this page)

→ **CORPORATE PERFORMANCE IMPROVEMENT**

▪ **Please indicate the business field for which you request our assistance/support:**

- Human Resources Management (*HR Strategy, Talents Research and Selection, Internal Communication, Conflicts Management, Compensation packages, Skills & Performance review, Training sessions, e-HR implementation...*)
- Sales & Marketing (*S&M Strategy, Market studies, Structuring of Sales Force, Corporate Communication...*)
- Corporate Financial Performance (*Budgeting, Reporting, Costs Optimization, Working Capital Optimization...*)
- Enterprise Risks Management (*Operational Risks Matrix, Risks Prevention & Mitigation strategies...*)
- Quality (*Initiation to Total Quality Management, Preparation for ISO certification...*)
- Strategy & International Business Development (*Corporate Development Strategy, Clients/Products/Services portfolio review, Implementation of Shared Services Center...*)

▪ **Please tell us how you would prefer our consultants to perform their mission(s):**

- Implementation of one of our in-house BUSINESS SOLUTIONS, to be customized according to your needs
 - Performance Optimization Plan – basic (diagnostic, performance gaps, action plan, implementation)
 - Performance Optimization Plan – extended (diagnostic, performance gaps, action plan, implementation)
 - Structuring/ Re-structuring of Support Functions
 - Training Sessions for Top Managers / Senior Managers / Executives / Officers
 - Outsourcing of support functions/activities
 - International Business Development Plan
- Consulting Mission in order to address internal/external issues that you have already identified
- Consulting Mission in order to address (identified and/or not-identified) performance gaps within specific business units/departments/divisions/branches

▪ **How would you prefer to pay for our consulting fees :**

- Man-days
- Mission package
- Retainer + success fee (if applicable)

▪ **Please provide any additional information that you deem necessary/ useful for us to be more effective:**

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→ **CORPORATE FINANCE ADVISORY**

▪ **Please indicate the business field for which you request our assistance/support:**

- Leveraged Buy Out / MBO / BIMBO
- Mergers & Acquisitions
- Financial and/or Strategic Due Diligence
- Companies Valuation
- International Bank Account Opening
- International Company Forming
- Banking Facilities Provision (credit line/ DLC/ etc...)
- Tax Optimization (only for clients having activities at international level)

▪ **How would you prefer to pay for our consulting fees :**

- Man-days
- Mission package
- Retainer + success fee (if applicable)

▪ **Please provide any additional information that you deem necessary/ useful for us to be more effective:**

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→ **PROJECT MANAGEMENT**

- **Please indicate the typology of project that you need us to manage from A to Z:**

- Real-Estate
- Charity & Non-Profit
- Information Technologies
- Other: _____

- **How would you prefer to pay for our consulting fees :**

- Man-days
- Mission package
- Retainer + success fee (if applicable)

- **Please provide any additional information that you deem necessary/ useful for us to be more effective:**

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