

Request For Business Plan Review

Your Name: _____
(First, Last)

Your Community: _____
(Ex. Halifax, New Minas, Sydney)

Your Phone Contact: _____
(Cell Phone #)

Your Email Contact: _____
(Email Address)

Business Name: _____
(If applicable)

Business Name Registered:

Yes No NA

Which of the following best describes your
current position?

How would you prefer to meet?

Most recent business plan updated within 12 months

In Person Halifax (CEED Office)

Most recent business plan updated within 1-3 years

In Person Sydney

Most recent business plan updated 3+ years ago

Online (Requires computer with camera/speakers/mic)

Please tell us why you are requesting a Business Plan Review.

Please tell us how you heard about CEED.

Please return your completed form by email to **info@ceed.ca** or by fax to **902.482.0291**.

We will contact you within 2 business days to schedule your review session.



For CEED Use

Request Form Received: _____
(YYYY,MM,DD)

Business Plan Email Sent: _____
(YYYY,MM,DD)

Business Plan Received: _____
(YYYY,MM,DD)

Payment Received: _____
(YYYY,MM,DD)

E-Transfer Credit Card

Review Date: _____ Time: _____

Arranged By: _____

Review Conducted By: _____

Notes:

CEED Consultant Signature: _____