

Business Valuation Questionnaire

Date: _____

To: [Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

Dear [Recipient Name],

As part of our ongoing efforts to assess the risk associated with your business valuation, we kindly request that you complete the following questionnaire. Your responses will help us to better understand the key factors influencing your company's value.

Business Information

1. Company Name: _____

2. Address: _____

3. Contact Person: _____

4. Position: _____

5. Phone: _____

6. Email: _____

Financial Information

7. Please provide the latest three years of financial statements (income statement, balance sheet, cash flow statement).

8. Describe any significant changes in revenue or expenses over the past year: _____

Market Position

9. What are your primary products or services? _____

10. Who are your main competitors? _____

Operational Risks

11. Are there any regulatory or compliance risks currently affecting your business? If yes, please explain: _____

12. Have there been any significant operational challenges in the past year? If yes, please describe: _____

Conclusion

Thank you for taking the time to complete this questionnaire. Your inputs are critical for an accurate assessment. Please return the completed questionnaire to us by [due date].

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]