

### REGISTERED ADDRESS

INTRAGEN CAPITAL LTD, OFFICE 1002, 182-184 HIGH STREET NORTH, EAST HAM, LONDON - E6 2JA. UK

#### CONTACT DETAILS

EMAIL: info@intragencapital.com WHATSAPP: +44 7418328956 WEBSITE: www.intragencapital.com

# **BUSINESS PLAN FORMAT**

Company Name:	
Business Activity (if Trading Con	npany)
Please fully describe the intended	
activities, including products and	
services being sold/provided.	
Business Activity (if Holding Cor	npany)
Please provide name and line of	
business of the investee company.	
Please describe what assets it will	
acquire and hold.	
Company Details	
If you have an existing company,	
please advise year the business began	
actual operations and number of	
employees.	
Website (if any)	
Market & Sector targeted	

OUR EXPERTISE IN

TRADE PROGRAM INVESTMENTS CONSULTANCY



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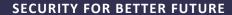
INTRAGEN CAPITAL

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Goals & Objective		
Source of Initial Funds/Deposit		
Please indicate how did you earn or		
obtain this money and explain how personal funds have been		
accumulated.		
accumulated.		
Will first initial funds be coming from		
personal account or individual or		
company or client payment		
Please specify clearly		
Incoming Payments		
Please provide expected ORIGIN of		
funds to be credited and the list of		
countries and banks from which your		
revenue will originate.		
	Name	Country
Name of main Clients and their		
Locations		

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Outgoing Payments		
Please provide expected destination of payments and the list of countries and banks to which you will remit payments.	Name	Country
Name of main Suppliers and their Locations	Name	Country

Forecasts of Business		
Expected Annual Turnover		USD
Expected Annual Expenditure		USD
Size Transactions/per month	In coming	Outgoing
	USD	USD
Expected number of transactions	In coming	Outgoing
Monthly		
Yearly		
Please advise when the account will be fully transactional.		

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## **SECURITY FOR BETTER FUTURE**

EMAIL: info@intragencapital.com WHATSAPP: +44 7418328956 WEBSITE: www.intragencapital.com

Brief Background on Ultimate Beneficial Owner (s) - UBO	
Please indicate past and current employment and related experience.	
Please indicate qualification of UBO	

Hereby, I / We declare and confirm that the above-mentioned company of which I/We am/are the Ultimate Beneficial Owners, will not be utilized in any of the following activities:

- 1. Money Laundering.
- 2. Receiving the proceeds of drug trafficking.
- 3. Receiving the proceeds of criminal activities. Terrorist activities.
- 4. Promotion of Adult content websites and related industry.
- 5. Trading of weapons and military arms.
- 6. Entering any other illegal activities.

SIGNATURE/S	SIGNATURE/S
Name of UBO(s)	Name of UBO(s):
Date:	Date:

OUR EXPERTISE