

Inward Investor Visit Plan (as part of a delegation)

Email your completed plan to : barbara.fagnoni@austrade.gov.au by: 4th February 2010

Primary Investor Contact

Salutation: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

First name:

Family name:

Organisation:

Position in organisation:

City / country:

Company Website:

Mobile number:

English language proficiency: ☐ Excellent ☐ Proficient ☐ Adequate ☐ Needs a translator (may incur a cost)

Any dietary requirements: ☐ Vegetarian, specify ☐ Halal ☐ Other, specify

Additional investor representatives

Salutation: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

First name:

Family name:

Organisation:

Position in organisation:

City / country:

Company Website:

Mobile number:

English language proficiency: ☐ Excellent ☐ Proficient ☐ Adequate ☐ Needs a translator (may incur a cost)

Any dietary requirements: ☐ Vegetarian, specify ☐ Halal ☐ Other, specify

Background details on the investor (THIS INFORMATION WILL BE USED WHEN BRIEFING CLIENTS AND AUSTRADERS ON THE VISIT)

Travel itinerary

| DATE | CITY | APPROX. ARRIVAL TIME | APPROX. DEPARTURE TIME |
|------|------|----------------------|------------------------|
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Key objective and expected outcomes of the visit

Type of investment project plans to be investigated during the visit (include any parameters or restrictions)

Key industry / investment focus of visit

| INDUSTRY | SECTOR DETAILS (eg clean tech – solar energy) |
|----------|--|
| | |
| | |

Type of investment planned (tick as many as applicable):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> new operation / Greenfield operation | <input type="checkbox"/> joint venture | <input type="checkbox"/> regional head quarters | <input type="checkbox"/> agreed acquisition |
| <input type="checkbox"/> expansion of existing Australian operation | <input type="checkbox"/> strategic alliance | <input type="checkbox"/> regional service centre | |
| <input type="checkbox"/> introduction of new technology | <input type="checkbox"/> venture capital | <input type="checkbox"/> manufacture under license | |
| <input type="checkbox"/> sourcing customers for products/services | <input type="checkbox"/> representative/sales office | | |

Expectations of assistance from Austrade

What selling message should we use when making appointments for this investor?

(THIS INFORMATION ENABLES US TO DISCUSS THE REASONS AND OBJECTIVES FOR THE VISIT AND THE POTENTIAL OPPORTUNITIES THE INVESTOR BRINGS)

Are you utilising other Australian organisations to assist in the preparation of your investor's program? If so, please provide names, contact details and detail what assistance has been sought.

State Government Involvement

PRESS TAB TO CREATE ADDITIONAL CELLS

| STATE | HAS THE INVESTOR HAD CONTACT WITH THE STATE GOVT? | CONTACT PERSON / POSITION | TELEPHONE NUMBER | EMAIL ADDRESS | PLEASE INDICATE IF YOU WOULD LIKE US TO CONTACT THE STATE GOV'T TO PARTICIPATE IN VISIT PROGRAM COORDINATION. |
|-------|--|---------------------------|------------------|---------------|---|
| | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

Prior commitments

(EG. APPOINTMENTS ALREADY ARRANGED, FREE TIME ETC)

PRESS TAB TO CREATE ADDITIONAL CELLS

| DATE | | TIME | | LOCATION AND CONTACT DETAILS | PURPOSE (eg. Free time) |
|------|----|------|----|------------------------------|-------------------------|
| FROM | TO | FROM | TO | | |
| | | | | | |
| | | | | | |
| | | | | | |

Notes / additional information
