



## ***Guest Advisor Program*** Client Information

*Any information provided on this form is protected by the Privacy Act and will be viewed only by staff of the Canada-Saskatchewan Business Service Centre and the Guest Advisor.*

Type of Advisor  Business Consultant  Accountant  
 Legal  E-Business Consultant

Advisor Visit Date & Time \_\_\_\_\_

Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email (optional) \_\_\_\_\_

Stage of Business Development  Start-up  New (<1 year)  Established

Type of Business  Sole Proprietorship  Partnership  Incorporated

Describe your product or service  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information about your business  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas where you are looking for assistance  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_