



Contingency Plan- PROFESSIONAL

Sent to:- sham@gmail.com

This document is a record of important information regarding Nwna. A set of instructions are included for the Plan Executor to follow.

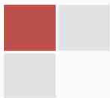
Contents

BUSINESS DETAILS:3

Nwna

Date _____

Signature _____



Business Details:

1. Business Details: Name

- a. **Business Name:** Nwna
- b. **Name of Owner/CEO:** Bana
- c. **ABN:** 49949
- d. **TFN:** 9494499
- e. **Date of Birth of Owner/CEO:** 8-11-2024

2. Business Details: Contact Detail

- a. **Business Phone Number:**
- b. **Mobile Number:**
- c. **Facsimile Number:**
- d. **Email Address:**
- e. **Business Address:**
- f. **Postal Address:**
- g. **Date Plan was last updated:**

Business Detail Notes:-

Date _____

Signature _____

