

Expansion Planning Form

Helps companies assess readiness and plan workforce expansion into new markets.

01 Contact Information

First Name

Last Name

Email Address

Phone Number

Job Title / Role

02 Company Information

Company Name

Company Website

Industry

Company Size

Country of Headquarters

Annual Revenue Range

03 Expansion Goals

Target Markets / Countries

Expansion Timeline

Primary reasons for expansion:

- | | |
|--|--|
| <input type="checkbox"/> Access to New Talent Pools | <input type="checkbox"/> Market Expansion / Revenue Growth |
| <input type="checkbox"/> Cost Optimization | <input type="checkbox"/> Client Proximity / Service Delivery |
| <input type="checkbox"/> Regulatory / Tax Advantages | <input type="checkbox"/> Diversification of Operations |
| <input type="checkbox"/> Mergers & Acquisitions | <input type="checkbox"/> Remote Workforce Strategy |

04 Workforce Planning

Planned Headcount (first 12 months)

Work Arrangement Preference

Role Categories Needed

05 Current Infrastructure

Existing International Presence (countries/entities)

Current HR / Payroll Systems in Use

Key Challenges or Concerns

06 Budget & Investment

Estimated Annual Budget for Expansion

Investment priority areas:

- | | |
|---|---|
| <input type="checkbox"/> Talent Acquisition | <input type="checkbox"/> Legal & Compliance Setup |
| <input type="checkbox"/> Payroll Infrastructure | <input type="checkbox"/> Benefits & Insurance |
| <input type="checkbox"/> Office / Workspace | <input type="checkbox"/> Technology & Tools |
| <input type="checkbox"/> Training & Development | <input type="checkbox"/> Cultural Integration |

07 Additional Notes

Any other information about your expansion plans?

Declaration & Consent

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge. I understand this information will be used to evaluate expansion readiness and develop a tailored plan. I consent to being contacted by Humii regarding expansion solutions and acknowledge that all data will be handled in accordance with Humii's Privacy Policy.

Authorized Signature

Date (DD/MM/YYYY)

Full Name (Print)

Designation