



***APPLICATION FOR INCUBATION - ACCELERATION
CREATIVE INCUBATION CENTRE
@ KL SENTRAL CYBERCENTRE***

COMPANY INFORMATION

1 Name of Company

2 ROC Registration Number

3 ROC Registration Date

4 Current Business Postal Address

5 Key Contact Persons

Name:

Designation:

Home address:

Telephone:

Fax:

Email:

Name:	
Designation:	
Home address:	
Telephone:	
Fax:	
Email:	

6 Directors Information

Name:	
Designation:	
Home address:	
Telephone:	
Fax:	
Email:	

Name:	
Designation:	
Home Address:	
Telephone:	
Fax:	
Email:	

7 Shareholders Structure

Name of shareholder(s)	Equity (%)	Country of origin	Bumi / non-Bumi

Authorized Capital

RM

Paid-up Capital

RM

8 Brief background of management team (append resume)

9 Company Secretary

Name:

Designation:

Address:

Telephone:

Fax:

Email:

10 Banking Facility

Bank:

Branch:

Manager's Name:

Account
Number/Facility:

Telephone:

Fax:

Email:

11 Grants Procured

ITAF 1/2/3/4

Technology
Acquisition Fund
(TAF)

Commercialization
of R&D Fund
(CRDF)

Demonstrator
Application Grant
(DAGS)

Industry R&D
Grant Scheme
(IGS)

Intensification of
R&D Grant
Scheme (IRPA)

Multimedia Grant
Scheme (MGS)

Cradle Investment
Program (CIP)

	Approval Date	

BUSINESS INFORMATION

1 Current / Forecast revenue per month

2 Number of employees

Full time

Part time

3 Type of financing employed to date

- Debt

- Equity

- Personal financing

- Venture capital

NATURE OF BUSINESS

1 Services

2 Product

3 Research & Development

4 Market

- 5 Please describe how you could benefit from incubation/acceleration services at the Incubation Centre @ KL Sentral Cybcercentre

Miscellaneous

- 1 Are you operating from another business address? If yes, please provide address.

- 2 Do you have any university affiliations? If yes, please state the university and nature of the affiliation. Please attach relevant documents if any.

- 3 Do you have affiliations with private or government bodies? If yes, please state the international party and nature of the affiliation. Please attach relevant documents if any.

- 4 Have you ever been to any different incubator?

Yes

No

5 Please identify any risks or other mitigating factors that could affect your company's growth during incubation.

Strategic Services Requirements

Services required:

- Idea/concept assessment
- Business plan development
- Proof-of-concept development
- Prototype development
- Business plan assessment
- Business plan enrichment
- Access to funding
(Grants, venture capital, angel capital)
- Technology assessment
- Technology enrichment
- Business incubation
- Business acceleration
- Market access / development
- Business coaching & mentoring
- Others _____
(Please specify)

Please indicate priority:

- Idea/concept assessment
- Business plan development
- Proof-of-concept development
- Prototype development
- Business plan assessment
- Business plan enrichment
- Access to funding
(Grants, venture capital, angel capital)
- Technology assessment
- Technology enrichment
- Business incubation
- Business acceleration
- Market access / development
- Business coaching & mentoring
- Others _____
(Please specify)

Business Plan:

Have you completed a Business Plan?

Yes No

Can you supply a Business Plan?

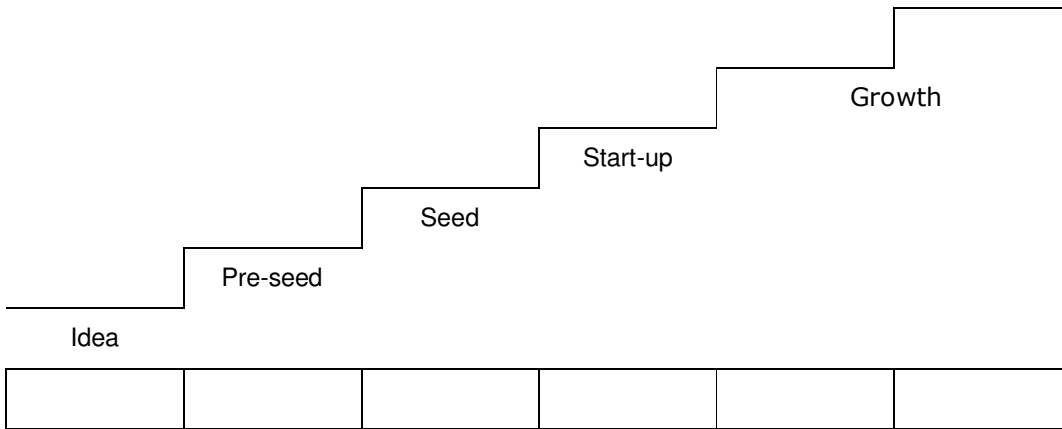
Yes No

Do you need assistance to complete a Business Plan?

Yes No

Please indicate which Growth Phase you are in as shown in the SME Life Cycle below:

Expansion



Please tick in the box to indicate where you are at in this development life cycle.

Space required

Incubation / Acceleration Tenancy.

Please state the size needed _____ (sq ft)

- a) Telecommunication charges are borne by tenant/incubatee
- b) Space Rental Agreement administration and stamping cost borne by tenant/incubatee.

I hereby certify that the above information is to the best of my knowledge true and valid. I understand that my application will be immediately declined should any of the above information be fraudulent. I also understand that the KL Sentral Incubator reserves the right to decline my application without having to state any reasons.

Signature:

Name:

Designation:

IC/ Passport No:

Date:

This application form and applicable supporting documents (Form 9, 24, 44, 49 and Memorandum & Articles) should be submitted to:

MRCB Technologies Sdn Bhd (531914-T)
MSC Malaysia Status Incubator Manager
@ Kuala Lumpur Sentral Cybercentre
Suite 1B-3-1, Block 1B, Level 3,
Plaza Sentral, Jalan Stesen Sentral 5,
KL Sentral, 50470 Kuala Lumpur,
Wilayah Persekutuan, Malaysia



Should you require any clarifications, please do not hesitate to contact us at:

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Fax: 03-2780 5700

Email: beverly@mrcb.com.my