INCUBATOR APPLICATION FORM

1. Startup Name: (The answer should be a text input.)

   _____

2. Founder Details: (The answer should be a text input.)

   First Name: _____   Last Name: _____

   Job Title: _____

3. Location: (The answer should be a text input.)

   _____

4. Email: (The answer should be a text input.)

   _____

5. Website: (The answer should be a text input.)

   _____

6. Founding Date: (The answer should be a date input.)

   _____

7. What is the current stage of your company? (The answer should be a single choice)

   ☐ Pre-seed
   ☐ Seed
   ☐ Growth
   ☐ Later Stage

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8. Customer Focus: (The answer should be a single choice)

   ☐ B2B
   ☐ B2C
   ☐ P2P

9. Company tagline - your company in 5 words: (The answer should be a text input).

   _____

10. What problem are you solving? (Shortly describe the problem you are solving and the market you are in. The answer should be a text input.)

    _____
    _____
    _____
    _____

11. Your competitors: (The answer should be a text input.)

    _____
    _____

12. Is the prototype fully functional?

    ☐ Yes
    ☐ No

13. Challenges and Needs: (What are the key challenges facing your business and what are the 3 most important things your Startup requires to reach the next milestones? The answer should be a text input.)

    _____
    _____
    _____
    _____

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14. Top 3 things you need support with? (The answer should be a text input.)

_____
_____

15. Team Background (What is the experience and expertise of the core team? How did you end up working together? The answer should be a text input.)

_____
_____
_____
_____
_____
_____

16. Are you the license holder of an intellectual property right?

☐ Yes
☐ No

17. Funding Received?

☐ EUR
☐ USD