

# APPLICATION FOR TENANCY

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## 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 :


## APPLICATION FOR TENANCY

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Name :

Designation :

Home address:

Telephone :

Fax :

Email :


### 6 Directors Information

Name :

Designation :

Home address:

Telephone :

Fax :

Email :


Name :

Designation :

Home Address:

Telephone :

Fax :

Email :


## APPLICATION FOR TENANCY

### 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)

## APPLICATION FOR TENANCY

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9 Company Secretary

Name :

Designation :

Address:

Telephone :

Fax :

Email :


10 Banking Facility

Bank:

Branch:

Manager's Name:

Account  
Number/Facility:

Telephone :

Fax :

Email :


## APPLICATION FOR TENANCY

11 Grants Procured

	Approval Date	
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)		

# APPLICATION FOR TENANCY

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## BUSINESS INFORMATION

1 Current revenue per month

2 Number of employees

Full time

Part time

3 Type of financing employed to date

- Debt

- Equity

- Personal financing

- Venture capital

# APPLICATION FOR TENANCY

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## 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 MSC Malaysia Technology Commercialization

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### Miscellaneous

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

- 2 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.

- 3 Have you ever been to any different incubator?

Yes

No

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

## APPLICATION FOR TENANCY

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### Strategic Services Requirements

**Technopreneur program services required:**

**Please indicate priority:**

- |                                                                                        |                                                                                        |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Idea/concept assessment                                       | <input type="checkbox"/> Idea/concept assessment                                       |
| <input type="checkbox"/> Business plan development                                     | <input type="checkbox"/> Business plan development                                     |
| <input type="checkbox"/> Proof-of-concept development                                  | <input type="checkbox"/> Proof-of-concept development                                  |
| <input type="checkbox"/> Prototype development                                         | <input type="checkbox"/> Prototype development                                         |
| <input type="checkbox"/> Business plan assessment                                      | <input type="checkbox"/> Business plan assessment                                      |
| <input type="checkbox"/> Business plan enrichment                                      | <input type="checkbox"/> Business plan enrichment                                      |
| <input type="checkbox"/> Access to funding<br>(grants, venture capital, angel capital) | <input type="checkbox"/> Access to funding<br>(grants, venture capital, angel capital) |
| <input type="checkbox"/> Technology assessment                                         | <input type="checkbox"/> Technology assessment                                         |
| <input type="checkbox"/> Technology enrichment                                         | <input type="checkbox"/> Technology enrichment                                         |
| <input type="checkbox"/> Business incubation                                           | <input type="checkbox"/> Business incubation                                           |
| <input type="checkbox"/> Business acceleration                                         | <input type="checkbox"/> Business acceleration                                         |
| <input type="checkbox"/> Market access / development                                   | <input type="checkbox"/> Market access / development                                   |
| <input type="checkbox"/> Business coaching & mentoring                                 | <input type="checkbox"/> Business coaching & mentoring                                 |
| <input type="checkbox"/> Others _____<br>(please specify)                              | <input type="checkbox"/> Others _____<br>(please specify)                              |

## APPLICATION FOR TENANCY

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### Business Plan:

Have you completed a Business Plan?

Yes  No

Can you supply a Business Plan?

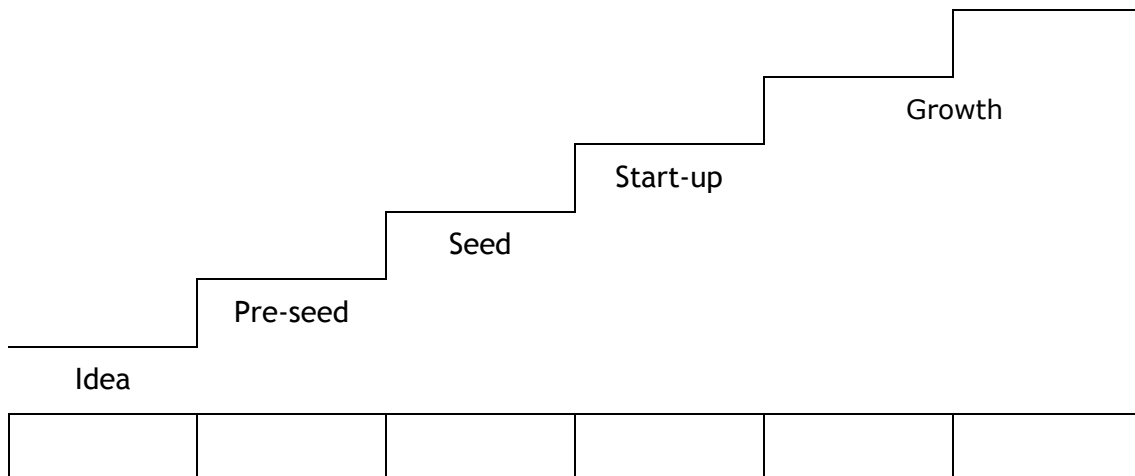
Yes  No

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.

## APPLICATION FOR TENANCY

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Office Space required ?

Yes

No

If YES, please state the Lot No. \_\_\_\_\_

### Notes IF Require Office Spaces

- a) Monthly rental based on :
  - 1. First 3 months - FREE Rental
  - 2. Second 3 months - RM 150 / month
  - 3. The remaining incubation period - RM 300 / month
- b) Electricity, Telecommunication charges are borne by client
- c) Tenancy Agreement administration and stamping cost borne by client.

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 ICT Incubator Centre Sdn Bhd reserves the right to decline my application without having to state any reasons.

Signature :

Name :

Designation :

IC/ Passport No:

Date :

This application should be submitted to the following:

General Manager,  
ICT Incubator Centre Sdn Bhd  
Lot 2.78 - 2.79 Tingkat 2, KB Cyber Plaza,  
Jalan Hamzah,  
15050 Kota Bharu,  
Kelantan Darul Naim, MALAYSIA