



Business Incubation

# APPLICATION FORM

## SELECT BUSINESS INCUBATOR

|  |   |  |                                    |                                    |                                  |                                   |                                   |
|--|---|--|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> BioPark Business Incubator   | <input checked="" type="checkbox"/> Maxum Smart | <input checked="" type="checkbox"/> CIC Business Incubator |                                    |                                    |                                  |                                   |                                   |
| <input checked="" type="checkbox"/> eKasiLabs Business Incubator | <input type="checkbox"/> Soweto                 | <input type="checkbox"/> Garankuwa                         | <input type="checkbox"/> Mohlakeng | <input type="checkbox"/> Alexandra | <input type="checkbox"/> Tembisa | <input type="checkbox"/> Sebokeng | <input type="checkbox"/> Mamelodi |

### APPLICANT PROFILE

|                     |  |
|---------------------|--|
| Name of Applicant   |  |
| Position in Company |  |
| Telephone Number    |  |
| Cell Number         |  |
| E-mail Address      |  |

### COMPANY PROFILE (GENERAL INFORMATION)

|   |             |  |
|---|-------------|--|
| Company Name                                  |             |  |
| Company Registration Number                   |             |  |
| Current Number of Employees                   |             |  |
| Time In Operation                             |             |  |
| Website Address                               |             |  |
| Physical Address                              |             |  |
|   | Postal Code |  |
| Postal Address                                |             |  |
|   | Postal Code |  |
| Province In Which Business Is Currently Based |             |  |

|                              |                            |                            |
|------------------------------|----------------------------|----------------------------|
| Do you have a business plan? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
|------------------------------|----------------------------|----------------------------|

|  |                            |                            |                           |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--|----------------------------|----------------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Does the company have a tax clearance certificate? | <input type="checkbox"/> Y | <input type="checkbox"/> N | If yes, insert tax number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|----------------------------|----------------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

### OWNERSHIP DETAILS

|   |  |
|---|--|
| What skill set do you/partner have that are relevant to the business? |  |
|---|--|

### OWNERSHIP STRUCTURE

| Name & Surname | ID Number | % Ownership | Race | Gender (M/F)  | Disability (Yes/No)                                   | Nationality |
|----------------|-----------|-------------|------|---|---|-------------|
|                |           |             |      | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |             |
|                |           |             |      | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |             |
|                |           |             |      | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Y <input type="checkbox"/> N |             |

### TECHNOLOGY INFORMATION

|  |   |                             |  |                      |                                     |                    |                                     |              |
|--|---|-----------------------------|--|----------------------|-------------------------------------|--------------------|-------------------------------------|--------------|
| <b>Sector</b> (Indicate relevant option) | <input checked="" type="checkbox"/>   | <b>SMART INDUSTRIES</b>     | <input checked="" type="checkbox"/>  | <b>GREEN-ECONOMY</b> | <input checked="" type="checkbox"/> | <b>BIO-ECONOMY</b> | <input checked="" type="checkbox"/> | <b>OTHER</b> |
|  | e.g. internet of things, cyber security, big data and analytics, and advanced manufacturing / industry 4.0 (e.g. industrial IoT, additive manufacturing, foundry 4.0) | e.g energy, water and waste | e.g health (biopharmaceuticals, medical devices and diagnostics, indigenous knowledge-based neutraceuticals, cosmeceuticals, cosmetics) and agricultural sectors (agro-/food-processing, bioprocessing, smart agriculture) | Please specify:      |                                     |                    |                                     |              |

|  |      |                    |                          |              |          |                  |           |
|--|------|--------------------|--------------------------|--------------|----------|------------------|-----------|
| <b>Technology Offering</b><br>(What product/ service does your company offer?<br>Also describe the innovative technology used) |      |                    |                          |              |          |                  |           |
| <b>Stage of Development</b> (Select relevant options)  | Idea | Product refinement | Research and Development | Market ready | Piloting | Proof of concept | Prototype |

| FINANCES  |                  |   |                                   |
|---|------------------|---|-----------------------------------|
| How much have you invested in the company to date?                | R                |   |                                   |
| Have you raised any funding for your company (incl. award money)? | ➤                | Y | N                                 |
| Funding Institution / Source                                      | Value of Funding |   | Date Received                     |
|   | R                |   |                                   |
|   | R                |   |                                   |
| Do you have any pending funding applications ?                    | ➤                | Y | N                                 |
| Funding Institution / Source                                      | Value of Funding |   | Date expecting to receive funding |
|   | R                |   |                                   |
|   | R                |   |                                   |

## MARKET

Describe your market in terms of size, geographic location, demographics

## COMPETITIVE ADVANTAGE

What problem(s) would your service or product solve?

Who are your competitors?

1.

2.

3.

4.

How will your product compare to that of your competitors? e.g Usefulness, cost, technological innovations, time-to-market, accessibility etc.?

## INTELLECTUAL PROPERTY

Did you conduct any prior art searches to establish if your technology/product/services is new? If yes, attach a serch report/novelty opinion

What steps have you taken to protect your technology/product/services? Complete table below

| Type of IP registerd (i.e patent/trademark/copyright) | Patent application No./ Patent No./ Trade mark registration No. |
|---|---|
|   |   |
|   |   |
|   |   |

## EXPECTED SUPPORT FROM THE RELEVANT TIH BUSINESS INCUBATOR

What support do you expect from the relevant TIH business incubator?