# Start-up Finance 2020

# Application Form

 Version 1.0



**Notes to Applicants**

* This form is to be used by undertakings that wish to benefit from the Start-up Finance 2020 Scheme, which provides a repayable advance to small start-up undertakings to support their business growth and development. The rules governing this scheme are the latest published Incentive Guidelines as enabled by the Start-up Finance Regulations as subsidiary legislation 463.32 to the Malta Enterprise Act.
* Entrepreneurs who are still in the process of setting up an new Start-up undertaking which at the time of application has still not been registered, and thus has no legal form, may still submit this form and should give details of the new entity which will be set-up to carry out the proposed business.

The quality of the information provided in this Application will impact the time the Corporation will need to process your request. You should hence make sure that your entries are clearly explained and substantiated and that sufficient detail is provided.

* Malta Enterprise shall only accept electronically filled in Application Forms. To facilitate processing it is recommended that the submission is made through the Corporation’s Client Portal which may be accessed at <https://clientportal.maltaenterprise.com/login>.
* This Application Form and any attached documents will be treated as confidential throughout and after the project evaluation process.
* In processing this Application Form, Malta Enterprise may request further information and documentation.
* Further information, as well as information and guidance on the filling in of this application form may be obtained by contacting Business First on free phone number 144 or via email on info@businessfirst.com.mt
1. **Applicant Details**

|  |
| --- |
| 1.1 Name of Applicant: |
| This section should specify the legal name of the enterprise as defined in the Memorandum of Articles.  |       |
| 1.2 Address of Applicant: |
| This section should specify the address of the Applicant. The address inserted here will be used to address any mail correspondence to the Applicant. |       |
| 1.3 Applicant’s Telephone Number/s: |
| The Applicant’s general telephone number/s. |       |
| 1.4 Applicant’s e-mail: |
| The Applicant’s general e-mail address. |       |
| 1.5 Website (URL): |
| The Applicant’s website address. |       |
| 1.6 VAT Number (If already registered): |
| The Applicant’s VAT Number, as per VAT Certificate, relating to the activities funded under the proposed project. |       |
| 1.7 Registration Number (if already registered): |
| The registration number is the official registration number of the co-operative, company or partnership as defined in the Companies Act – Chapter 387 of the Laws of Malta.  |       |
| 1.8 Start-up Date:: |
| This is the date the undertaking was first established. In order to be eligible for assistance, the applicant is required to submit the application form within thirty (30) months from the start-up date:  | Click here to enter a date. |

## 1.9 Business Synopsis

 Provide an overview of current and/or intended business activity of the Start-up undertaking.

# **2. Request for Financial Assistance**

**2.1 Assistance Requested**

|  |  |
| --- | --- |
| Value of advance requested to cover payroll costs  | €       |
| Value of advance requested to match 50% of private equity invested in the Start-up | €       |
| Value of advance requested for the procurement of tangible assets  | €       |
| Value of advance requested to Support Crowdfunding  | €       |
| **Total Repayable Advance Requested**  | **€** |

|  |  |
| --- | --- |
| Will the start-up be participating in an accelerator Programme | **Choose an item.** |
|  |  |
| If yes:  |  |
| 1. will you be requesting a grant supporting for participation
 | **Choose an item.** |
|  |  |
| 1. What is the value of support being requested to assist the start-up in participation in an accelerator Programme
 | €       |

|  |  |
| --- | --- |
| **2.2**  | **This Section is to be completed if you have requested support as co-investment in payroll costs** |
|  |  |
| 2.2.1 | What is your current FTE employment? |
|  |  |
|  |  |
| 2.2.2 | Explain your plans related to employment providing detail on the number of persons you intend to employ, their role and contribution to the undertaking. |
|  |  |
|  |  |
| 2.2.3 | What is your forecast FTE employment three years from approval? |
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| --- | --- |
| **2.3**  | **This section is to be complete if you have requested support as co-investment linked to private equity** |
|  |  |
| 2.3.1 | Please list the current investors of the undertaking *(a profile of each investor should be attached to the application)* |
|  |  |
|  |  |
| 2.3.2 | Are there ongoing discussions with new potential investors? Provide detail on the discussions. |
|  |  |
|  |  |
| 2.3.3 | What percentage of control are you planning / willing to give away to private investors?  |
|  |  |

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| --- | --- |
| **2.4**  | **This section is to be completed if you have requested support for the procurement of tangible assets** |
| 2.4.1 | Provided list of assets to be procured identifying suppliers and individual costs. |
|  | **Asset** | **Supplier** | **Cost** |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
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|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
|  |  |  | €  |
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| 2.4.2 | If applying for assistance under this section provide detail on how the tangible and intangible assets to be procured will be used for the activity of the enterprise. |
|  |       |

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| **2.5**  | **This section is to be complete if you have requested support linked to Crowdfunding** |
| **2.5.1** | Name of Crowdfunding platform |
|  |       |
|  |  |
| **2.5.2** | Kindly provide a rationale on the choice of crowdfunding platform |
|  |       |
|  |  |
| **2.5.3** | Give details on your marketing plan for your crowdfunding campaign |
|  |       |
|  |  |
| **2.5.4** | Explain why the assistance requested through the Start-up Finance is needed |
|  |       |
|  |  |
| **2.5.5** | Amount requested through the crowdfunding campaign |
|  | €       |
|  |  |
| **2.5.6** | Number of funding rounds planned |
|  |       |
|  |  |
| **2.6** | **Other National/ European funding** |
|  |  |
| **a.** | Has an application been made for assistance from any other National/ European funding program for this project?  |
|  | Choose an item. |
|  |  |
| **b.**  | If yes kindly list down the name of the programme or scheme. |
|  |       |
|  |  |
| **c.** | Has any assistance requested been approved? |
|  | Choose an item. |

# **Signatures**

|  |  |
| --- | --- |
| Name of Applicant (full legal name) |  |

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| --- | --- |
| Name and Surname of signatory authorised to represent the Applicant (CAPITAL LETTERS) |  |
|  |  |
| Email Address of Legal RepresentativeThis address will be used for formal communication about the application |  |

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| --- | --- |
| Position in Establishment |  |

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| --- | --- |
| Signature & Company Stamp |  |

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| --- | --- |
| Date | Click here to enter a date. |