

FUNDING APPLICATION FORM

Please fill in this form and email it to: apply@baltictechventures.com

	Baltic Technology Ventures Funding Applic	cation Form
Company Name:		
Founding Date:		
Legal Address:		
Registration Number:		
Business Description:		
Sector:		
Target Market:		
Customers:		
Current Competitors:		
Website:		
Largest Five Shareholders		
Shareholder Name	Shareholder Contact Info	Shareholder % Shares Held

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Employees:				
Full Time	Part Time			
ID.				
IP:				
Is your technology protected	?			
If so, please list registered patent or trademark registration numbers				
Finance:				
Total gross revenue for each of past 3 years				
Year 1:	Year 2:	Year 3:		
Total profits for each of past 3	s years			
Year 1:	Year 2:	Year 3:		
What are your planned revenue / profits for the next year? Three years?				
Revenue:				
Year 1:	Year 2:	Year 3:		
Profit:				
Year 1:	Year 2:	Year 3:		
What is your company's valu	ation (official	or your expectations)?		
Valuation				
Official Valuation				
Official Valuation Performed By				

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Have you received outside funding?				
Yes/No				
Type of funding				
Terms of funding				
How much funding are you looking for?				
What do you intend to spend it on?				
Are you a member of VC accelerators or associations?				
Who are your key partners and advisors?				
Additional Documents:				