

INCUBATEE APPLICATION FORM

1.	Applicant Details (for Business initiator)			
	Full Name:	Member/Associate member Chamber of Commerce & Industry		Yes No
	CNIC:	NTN:	Gender	
	Postal Address (for correspondence)			
	Business address			
	Business activity			
	Partners if any			
	Telephone No.	Fax No.	Mobile	E-mail
2.	Business Activity Detail			
	Year operations started		Ownership/management structure	
	Main business activities			
	Description of product range			
	Markets served			
	Total value of assets(Rs.)	Value of capital (Rs.)	Total liabilities (Rs.)	Full time employees
	Other information relating to existing operation			
	Product of BIC wanted to commercialize			
	Focal person for contact			
3.	Declaration by applicant:			

I the undersigned, duly understand, affirm and certify that:

- I am fully authorized to represent my business and/or business associates on its/their behalf.
- I am completely aware of the applicable terms and conditions in applying to BIC
- I will pay the charges agreed upon for
- I have submitted the business plan with the application for utilization of the services of BIC
- I shall submit all required documents and cooperate with BIC in every respect.
- BIC reserves the right to accept or reject any application, at any stage. BICs decision to my/our application will be final and incontestable and applicant will not appeal against the decision.
- The information provided in this application is correct to the best of my knowledge & belief.

Name	Designation	CNIC#
Signature & Date:		