**APPLICATION FORM FOR STARTUPS**

Please fill in all the fields with relevant information for your business. You must submit this **APPLICATION FORM** with other supporting documents. Applications that do not contain all relevant information and documents will not be considered valid.

1. **GENERAL BUSINESS INFORMATION**

|  |  |
| --- | --- |
| **Name of the Business** (if registred) or the Summary of the business idea (if the business is not registred)  |  |
| **The number of the business** (to be completed if the business registred exist, and the **date of the registration**) |  |
| **The contact person** |  |
| **Address** |  |
| **Telephone no. for every counter entrepreneur**  |  |

 **2. DESCRIPTION OF THE ACTIVITY/IDEA**

|  |  |
| --- | --- |
| How many team members are you/or do you intend to be? |  |
| Briefly describe each member's experience and / or education? |  |
| What is the proposed product or service? |  |
| What is the stage of the development of your product/service? |  |
| What is the advantage and disadvantage of your product/service? |  |
| What product or service do you compete for? |  |
| Why do you think consumers will buy your product or service? |  |
| Who do you think will be your potential clients? |  |
| How will you create the market for your product or service? |  |
| Are you planning to sell your product in Kosovo? |  |
| How will you generate revenue from your product/service? |  |
| If you were to start your own business, how would you describe it? |  |
| Why would you be successful with your business? |  |

**The value of the request/expenses**

|  |  |
| --- | --- |
| Types of the expenses | EUR |
| 1. Type
 |  |
| 1. .....
 |  |
| 1. .....
 |  |
| 1. .....
 |  |
| Total  |  |

**Investment Implementation Period (DD/MM/VV)**

|  |  |  |  |
| --- | --- | --- | --- |
| The period of the implementation starts on:  |  | it lasts until: |  |

**4. BANKING DETAILS**

The full name of your Business as it appears in your Bank Account

|  |
| --- |
| **Name of the banking institution:****The legal representative of the business:** **The number of the bank account:**  |

**5.DECLARATION**

|  |
| --- |
| By signing below, we certify that all information in this Application Form is complete and accurate and that no record can lead to a wrong conclusion.In the case of the Grant approval:* + - We will use grant funds only for the purpose of direct investment in developing your business idea.
		- We understand and acknowledge that the conflict of interest is defined as "a conflict between the financial and personal interests of the grantee and the official obligations of the grantee". By accepting this grant, we do not violate the principle stated above and undertake not to accept, for the duration of the grant, any financial or material function or obligation that could lead to a conflict of interest;
		- We understand that the realization of this grant will not be possible if the Statement provided is incorrect and inconsistent;
		- We understand that any misbehavior from our behalf as Kosovo - Women 4 Women entity, which exceeds the standard procedures, will result in the termination of our business grant opportunity.
		- We are obliged to bring the investment receipts and send the documents proving the investment made, in accordance with the requirements written by Kosovo Women 4 Women.
 |

|  |
| --- |
| Please attach the documents below:1. The certificate of the business registration (if the business is registred)
2. Copy of the identity document -ID of the leader.
 |

|  |  |  |
| --- | --- | --- |
| Name and surname of the leader  | Signature | Date |
|  |  |  |