



TECHNOLOGY IMPLEMENTATION PROGRAM STARTUP APPLICATION FORM

Please provide as much details as possible. The accuracy of our assessment will depend on the completeness of your application. If you submit an incomplete application, you will be asked to resubmit your application.

Question Number	Question	Answer (please complete)
1	Name(s) of Applicant:	
2	Applicant address:	
3	Applicant contact number:	
4	Applicant contact e-mail address:	
5	Applicant employment status:	<input type="checkbox"/> Student/Under 21 <input type="checkbox"/> Unemployed/Above 21 <input type="checkbox"/> Self-employed (please specify) <input type="checkbox"/> Employed (please specify) Employer name and address:
6	If you are under 18, do you have a sponsor or business partner who may provide sponsorship?	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
7	How did you learn about Takamul? (Please check all that apply):	<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends/Family <input type="checkbox"/> Other (please specify) Other:
8	Proposed Startup Company name:	
9	Please indicate the current legal status of your Startup Company?	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Branch <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Unregistered



10	<p>Please provide details of ownership structure: <i>Who are the partners?</i></p>																																	
11	<p>If registered, in which emirate/country is your Startup Company registered? Please provide date of registration</p>																																	
12	<p>Startup Web Address: (If available)</p>																																	
13	<p>Which of these describe your area(s) of business? (Please check all that apply):</p>	<table border="0"> <tr> <td><input type="checkbox"/> ICT</td> <td><input type="checkbox"/> Industry/Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Services</td> <td><input type="checkbox"/> FinTech</td> </tr> <tr> <td><input type="checkbox"/> Big Data</td> <td><input type="checkbox"/> E-Commerce</td> </tr> <tr> <td><input type="checkbox"/> Health Tech</td> <td><input type="checkbox"/> Block Chain</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Energy</td> </tr> <tr> <td><input type="checkbox"/> Virtual Reality</td> <td><input type="checkbox"/> Artificial Intelligence</td> </tr> <tr> <td><input type="checkbox"/> Media</td> <td><input type="checkbox"/> Robotics</td> </tr> <tr> <td><input type="checkbox"/> Tourism</td> <td><input type="checkbox"/> Transportation logistics</td> </tr> <tr> <td><input type="checkbox"/> Space Science</td> <td><input type="checkbox"/> Biotechnology & genomics</td> </tr> <tr> <td><input type="checkbox"/> Food Security</td> <td><input type="checkbox"/> CubeSats & Nanosatellites</td> </tr> <tr> <td><input type="checkbox"/> 3D Printing</td> <td><input type="checkbox"/> Architecture & Construction</td> </tr> <tr> <td><input type="checkbox"/> Financial services</td> <td><input type="checkbox"/> Petroleum Geosciences</td> </tr> <tr> <td><input type="checkbox"/> Autonomous Vehicles</td> <td><input type="checkbox"/> Unmanned Aerial Vehicle</td> </tr> <tr> <td><input type="checkbox"/> Digital Tech</td> <td><input type="checkbox"/> Smart City Application</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Engineering</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Entertainment</td> </tr> </table>	<input type="checkbox"/> ICT	<input type="checkbox"/> Industry/Manufacturing	<input type="checkbox"/> Services	<input type="checkbox"/> FinTech	<input type="checkbox"/> Big Data	<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Health Tech	<input type="checkbox"/> Block Chain	<input type="checkbox"/> Education	<input type="checkbox"/> Energy	<input type="checkbox"/> Virtual Reality	<input type="checkbox"/> Artificial Intelligence	<input type="checkbox"/> Media	<input type="checkbox"/> Robotics	<input type="checkbox"/> Tourism	<input type="checkbox"/> Transportation logistics	<input type="checkbox"/> Space Science	<input type="checkbox"/> Biotechnology & genomics	<input type="checkbox"/> Food Security	<input type="checkbox"/> CubeSats & Nanosatellites	<input type="checkbox"/> 3D Printing	<input type="checkbox"/> Architecture & Construction	<input type="checkbox"/> Financial services	<input type="checkbox"/> Petroleum Geosciences	<input type="checkbox"/> Autonomous Vehicles	<input type="checkbox"/> Unmanned Aerial Vehicle	<input type="checkbox"/> Digital Tech	<input type="checkbox"/> Smart City Application	<input type="checkbox"/> Real estate	<input type="checkbox"/> Engineering	<input type="checkbox"/> Government	<input type="checkbox"/> Entertainment
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14	Are your potential customers businesses (B2B) or consumers (B2C)?	Please check: <input type="checkbox"/> B2B <input type="checkbox"/> B2C
15	Has a technical assessment been conducted for your technology/product/service offering? If No, please fill in the commercialization support application form and go to Q16.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	If Yes, what type of technology assessment did you have? Please specify who conducted the technical assessment and in which country?	<input type="checkbox"/> Takamul Commercialization Support <input type="checkbox"/> Takamul Proof of Concept <input type="checkbox"/> Independent/Third party assessment Please specify:
17	If Yes, would you be able to provide a copy of this technical assessment upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Do you have a business plan for your Startup Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	If Yes, would you be able to provide a copy of this business plan upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	What type of assistance are you seeking from Takamul? Please check all that apply	<input type="checkbox"/> Technology Assessment <input type="checkbox"/> Business plan support <input type="checkbox"/> Proof of concept/Product development support <input type="checkbox"/> Marketing support <input type="checkbox"/> Investment <input type="checkbox"/> Trade license
Startup Company Initial Assessment		
21	Describe the problem your Startup Company will solve? What is the unmet customer need? What are the drawbacks with existing solutions?	
22	Describe your proposed solution How will your product or service offering solve the problem or meet this need?	
23	How is your solution novel and unique compared to existing solutions? Why would customers buy your solution?	



24	Did you solely or jointly invent or develop this solution?	<input type="checkbox"/> Yes, I am the sole inventor/developer of this idea <input type="checkbox"/> Yes, I am a co- inventor/developer of this idea <input type="checkbox"/> No (please specify inventor/developer) If No:
25	What is the level of development of your solution	<input type="checkbox"/> Idea/concept <input type="checkbox"/> Testing/Validation/Prototype/Beta-testing <input type="checkbox"/> Product development <input type="checkbox"/> Commercial product Please specify:
26	If applicable, please provide an estimate of time and resources required for a commercial product	
27	Do you have any intellectual property protection for your proposed solution? If yes, please specify status.	<input type="checkbox"/> Patent (application filed/granted) <input type="checkbox"/> Trademark (registered/unregistered) <input type="checkbox"/> Copyright (registered/unregistered) <input type="checkbox"/> Design (registered/unregistered)
28	Have you publicly disclosed your innovation to any third parties? If yes, please specify circumstances of disclosure. Who was the disclosure to? Was a confidentiality agreement in use? Where did the disclosure occur? Date of disclosure.	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No Circumstances of disclosure:
29	Was any of technology development outsourced to any third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please go to Q30)
30	If yes, please specify the scope of development and the company. Is any development work done by you/your team?	



31	<p>Do you have rights to commercialise the IP/technology? The IP inventor may be different from the IP owner. Please confirm if you are an owner OR have been granted a licence to commercialise from the owner.</p>	
32	<p>Are any third party IP rights required for technology implementation/ commercialisation?</p>	
33	<p>Describe your target market Who are the customers and end-users? What is the size of the target market? Please provide any supporting market analysis.</p>	
34	<p>Have you spoken with potential customers? Please provide details.</p>	
35	<p>Describe your value proposition How is your offering unique/superior to existing offerings?</p>	
36	<p>Where do you plan to operate on the value chain?</p>	
37	<p>Describe the business model How will the company generate income? Describe all possible revenue streams & explain how it will be structured to capture the revenue profitably.</p>	
38	<p>Describe the competition Describe competing solutions and assess the impact each competitor could have on your company.</p>	
39	<p>Describe any potential technical or commercial risks in technology implementation Explain how you plan to address these, if any.</p>	
40	<p>How many members in your Management team?</p>	
41	<p>Describe the strengths of your Management team</p>	
42	<p>How much of your time is currently dedicated/would you be willing to dedicate to this startup company?</p>	



43	<p>How long have you been engaged in technology commercialisation or startup activities? Please list prior relevant experience.</p>	<input type="checkbox"/> No prior experience <input type="checkbox"/> 0-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> Above 5 years Prior experience:
44	<p>Please provide any additional information to support your application</p>	
Startup Company (advanced):		
45	<p>What type of funding have you received for your Startup Company? (please check all that apply)</p>	<input type="checkbox"/> Owner Investment <input type="checkbox"/> Other Loans <input type="checkbox"/> Other Investment <input type="checkbox"/> Venture Capital <input type="checkbox"/> Bank Loan <input type="checkbox"/> Business plan competitions <input type="checkbox"/> None <input type="checkbox"/> Other (please indicate) Please specify amount of funding:
46	<p>What is the ownership structure of your Startup Company? Who are the founders, shareholders and investors? What are their respective ownership shares?</p>	
47	<p>Have you registered your Startup Company with any incubators or accelerators in the UAE? If yes, please specify</p>	<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No
48	<p>When do you plan to launch your product? If launched, please provide date.</p>	
49	<p>Would you be able to provide financial statements on request? (if applicable)</p>	
50	<p>Who is your auditor? (if applicable)</p>	
51	<p>How much revenue from sales (USD) have you generated to date? (if applicable)</p>	



52	Describe the potential return on investment	
53	What is your % gross margin? (if applicable)	
54	What is your current monthly burn /expenses rate? (if applicable)	
55	How many active customers do you have? (if applicable)	
56	What type of financing will you use for your business? (Please provide details of funding source)	<input type="checkbox"/> Owner Investment <input type="checkbox"/> Loans / Investment <input type="checkbox"/> Bank Loan <input type="checkbox"/> Venture Capital <input type="checkbox"/> Investor <input type="checkbox"/> Other (please indicate) Please specify:
57	Please indicate the amount of investment required in USD. How do you plan to allocate the funds?	

Declaration:

I understand that failure to provide complete information may result in the requirement for resubmission of my Application Form.

I confirm that I have read and agree to the Program Guidelines. I understand that in agreeing to the Program Guidelines and in seeking Support from DED, I am required to Actively Participate in the provision of Support by DED to me or to my Start-up Company. I understand that DED provides Support free of charge but that my failure to Actively Participate may mean that I may be required to reimburse DED for any expenses incurred by DED in the provision of Support.

I also confirm that I understand that I may be required to enter into a confidentiality agreement with a third party assigned by Takamul for the provision of services if I am eligible to receive Support.

[NAME

[SIGNATURE.....]

[SIGNATURE OF SPONSOR (for Youth Applicant, if applicable).....]

[DATE.....]