**Application Form: Address service**

**VC/Add service/ Date:**

1. Applicant information

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant full name |  |
| 1.2 | Affiliation/ profession |  |
| 1.3 | Full postal address for correspondence |  |
| 1.4 | Phone |  |
| 1.5 | Fax |  |
| 1.6 | Email |  |
| 1.7 | Please attach:Annexure 1: References from reputed persons or institutions(for applicant or company officials) | Tick if attached.State what has been attached. |

1. Company information

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of company (Regd or proposed) |  |
| 2.1.1 | Tick the correct option | * Proprietor
* Partnership
* Pvt Ltd
* Other
 |
| 2.1.2 | If other, please specify  |  |
| 2.2 | Alternative correspondence address (if different from above address of applicant) |  |
| 2.3 | Website of company |  |
| 2.4 | Nature of business |  |
| 2.5 | Please attachAnnexure 2: List of proposed products and services. | Tick if attached.State what has been attached. |
| 2.6 | Describe the role of technology in the business. Describe innovation being practiced or proposed, if any. |  |
| 2.7 | Please attachAnnexure 3: List of current directors and top management officials of company along with contact information and affiliations | Tick if attached.State what has been attached. |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for the following services at the Venture Center: |  |
|  | Basic address service:Respectable, professional address. Mailbox with self pick-up. Email intimation. Reception desk to handle unexpected visitors and intimation. |  |
|  | Additional service – Mail forwarding | Currently not available |
|  | Additional service – Phone call receiving/ forwarding | Currently not available |
|  | Additional service – Receipt of faxes, intimation and forwarding | Currently not available |
|  | Induction into Associate Incubatee Program(for companies not residing at NCL Innovation Park) |  |
| 3.2 | For a period |  |
|  | 6 months |  |
|  | 12 months |  |
|  | 18 months |  |
|  |  |  |
| 3.3 | Intimation and forwarding |  |
|  | Address for email intimation |  |
|  | Phone number for intimation/forwarding | Currently not required |
|  | Postal address for forwarding | Currently not required |
|  |  |  |

1. Application for discounts

|  |  |  |
| --- | --- | --- |
| 4.1 | I wish to apply for the following discounts: |  |
|  | * Company has licensed technology from NCL
 |  |
|  | * Significant share of company is owned by persons (students, alumni, staff) with current or past affiliation to NCL
 |  |
|  | * Company deserves merit-cum-means support
 |  |
|  | * Company is a resident incubatee of Venture Center
 |  |
| 4.2 | Please attachAnnexure 4: Supporting documents for discount claim | Tick if attached.State the nature of document attached. |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Address service package and accepts the same.

The undersigned authorized representative of the applicant also declares that all the information given herein above is true and correct to the best of his personal knowledge and belief and also understands that in the event of any information found to be untrue or incorrect, the contract of the said services is liable to be terminated forthwith.

The application form once submitted cannot be cancelled and the applicant is liable to pay the charges towards the services applied for.

**Payment Terms:**

* All the charges towards the services applied are advance payments to be paid against the invoice raised.
* Payment Mode: Cheque/Draft/Cash, Please note that, cheque to be drawn in favour of "**Entrepreneurship Development Center**"
* Payment to be made by demand draft or cheque payable at per in Pune.

 For and on Behalf of

 (Name of the Company)

 (Name of the authorized signatory)

 Designation