**Application Form: Hot desks**

**(Start: 1st September 2015)**

**VC/Bio Hot Desk 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. 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 |  |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for the Hot desk Service Package at the Venture Center: | Yes/ No |
| 3.2 | Requirement |  |
|  | Required dates and duration (indicate a start and end date) |  |
|  | Select an option for Room  B1A B4A | Number of seats 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 or VC. |  |
|  | * Company is an incubatee of Venture Center |  |
|  | * Longer-term requirement and commitment |  |
|  | * Introductory discount (Valid till Jul 2014) |  |
| 4.2 | Please attach any attachments to support your claim for discounts (if required) |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s BioIncubator Hot desk 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.

(Name of the Company)

For and on Behalf of

(Name of the company)

(Name of the authorized signatory)

Designation

(Name of the Company)

(Name of the authorized signatory)

Designation

(Name of the authorized signatory)

Designation (Name of the Company)

(Name of the authorized signatory)

Designation