



NCI Business Incubation Centre - Application Form

Business Name: _____

Primary Business Activity: _____

Type of Company: _____

Private Limited Company: **Other:** _____

Private Unlimited Company:

Co-operative Society: **Please specify:**

Statutory Body: _____

Branch of Foreign Company: _____

Date Company was Registered: _____

Companies Registration Office (CRO) number ?

Inst Reg Company

When did the business or activity commence ?

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Company Registered Address: _____

Phone Area Code: **Phone Number:**

Fax Number:

Email Address: _____

Principal Directors Name: _____

Home Address: _____

List other Directors: _____

How many people do you employ: _____

How many people do you intend to employ within the next 12 months: _____

Have you received Funding: YES NO

If yes please specify: _____

When do you require enterprise space from:

| Day | Month | Year |
|-----|-------|------|
| | | |

How did you hear about NCI/ICELT: _____

Have you applied for other enterprise space ? _____

Have you occupied enterprise space in any other centre ? _____

Please Note:

Applications will be considered by the Incubation Manager & NCI Management for suitability.

Applications will be presented to the advisory board or sub-committee of the board.

Please read ICELT Policies & Procedures.

Signature of Director/Principle Name: _____

Please give us a summary of your Business Plan explaining the nature of your business:

Please complete and return by email to: bkelly@ncirl.ie