



## IT Incubator

### Registration for the IT Incubator Program

Name and Contact Details of Applicant	
Name / Company Name	
Contact No.	
Email Address	
Address	
Business Information	
Business Idea to Incubate	
What is the current stage of development of your product or service offering?	<input type="checkbox"/> Idea Stage <input type="checkbox"/> Start-up Stage <input type="checkbox"/> Fly- Stage
Target business Market:	
Reason for seeking space for business	
Tick the Service Required	<input type="checkbox"/> Open Cubicle Office Space <input type="checkbox"/> Office Space <input type="checkbox"/> Basic desktop computer access <input type="checkbox"/> Internet Access <input type="checkbox"/> Boardroom/meeting room access <input type="checkbox"/> Others (Specify if any)-----

Signature of \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant:



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Check List	Tick(√)
Application Form	
Copy of National ID Card	
Curriculum Vita (CV), if apply as company or a team (CV of team members)	
Supporting documents to demonstrate the technical/capability/technology know-how.	
If Applying as a Company, Company registration certificate and company profile	

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For Official Use			
Received by		Date	
Signature		Time	

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### Submit Registration Form to:

National Centre for Information Technology  
64, Kalaafaanu Hin'gun,  
Male', Republic of Maldives Phone: + (960) 334 4000/ Fax: (960) 334 4004  
OR email to: [secretariat@ncit.gov.mv](mailto:secretariat@ncit.gov.mv)