

APPLICATION FORM

COMPANY INFORMATION

Registered name

Trading Name

Registered office address

Year company formed

Address

Telephone

Website

EXECUTIVE DETAILS

Executive #1

Name

Title

Tel (work)

Tel (mobile)

Email

Preferred

Executive #2

Name

Title

Tel (work)

Tel (mobile)

Email

Preferred

BUSINESS OVERVIEW

Provide a short description of your business. Please include:

- Business description
- ICB Industry and Sector
- Total Capital Raised (€m)
- Type of financing
- Capital Structure:
 - *Founders*
 - *Employees*
 - *Management*
 - *Investment funds*

APPLICATION FORM

COMPANY STATISTICS

Year	2017	2018	2019
Total revenues			
Total costs and other deductions			
Income before income taxes			
Net Income			
Employees			
Capital Raised			

PROGRAM PARTICIPATION

Provide an overview of how and which sections your business will benefit from the program (max 500 words)

All information will be kept confidential by all parties involved in the administration and facilitation of the programme Your application will be assessed by a programme partners. Please complete and return this form by 23/10/2020 to:

CONTACT US

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