

**WDC INVESTMENT FUND  
Application Form**



**Project Name:**

**Business Name:**   
(if different)

**CEO Gender:** Male  Female     **Chairperson Gender:** Male  Female

**Address:**  
  
.....  
  
.....  
  
.....

**Tel:**

**Mobile:**

**Fax:**

**E-mail:**

**Promoter/Contact Names:**

**Date of Birth:**

**Position:**

**Brief description of project requiring investment including gender equality implications (if appropriate):**

.....  
  
.....

**Legal Entity Status:** Co. Ltd. by Shares  Co. Ltd. by Guarantee  Other  Detail \_\_\_\_\_

**Fund Type:** Business Investment Fund (BIF)  Local Investment Fund (LIF)

**Location:** Clare  Donegal  Galway City  Galway County   
Leitrim  Mayo  Roscommon  Sligo

**Business Sector:** E-Learning  Food  General Enquiry  ICT   
Life Sciences  Manufacturing  Medical Devices  Natural Resources   
Social & Enterprise Infrastructure  Tourism  Traded Services

Business Stage: Start-up  Development

Total funding requirements € \_\_\_\_\_

Funding Sources Breakdown

Promoter € \_\_\_\_\_

Private Sector (e.g. bank, equity) € \_\_\_\_\_

Business Expansion Scheme (BES) € \_\_\_\_\_

WDC Investment Fund € \_\_\_\_\_

Other State Sector € \_\_\_\_\_

Employment	Full Time	Part Time	3 <sup>rd</sup> Level/Professional
Current			
Expected – Following Investment			

*Any costs incurred in making an application to the Western Development Commission's (WDC) Investment Fund and complying with the WDC's due diligence process will be at the applicant's own expense, and the WDC will not be liable for any such costs incurred.*

*The WDC reserves the right to discuss this application with its professional advisors and other parties without prejudice.*

*I hereby declare that the information provided is true and accurate.*

**Signed:**

**Position:**

**Date:**

*Remember to include your Business Plan with this Application Form*

For official use only: Acknowledgement sent:  Date: \_\_\_\_\_