



Institute of Innovation & Entrepreneurship



SMU IIE Acceleration Application Form

Team Information

Name of Company _____

Name of Founder (1) & Main applicant _____ **M/F** MR/MRS/DR/MS

Name of Founder (2) & Co-applicant _____ **M/F** MR/MRS/DR/MS

Main Applicant SMU Student/SMU Faculty/SMU Staff
Contact No. (HP) _____ (Office) _____
Email _____

Industry

E-commerce	
Healthcare	
Medical Devices	
New Media	
Hospitality	
Travel and Tourism	
Consumer Durable	
FMCG	
Fashion/Lifestyle	
Web services	
Consumer Services	
Media & Entertainment	
Others	

Services Required	Tick accordingly
Incubation Space	
Mentoring	
Fundraising Support	
Workshops and Seminars	
Others, please specify	

Startup details - founders

Name	% of equity	Nationality	Contact

Business Information

Differentiation of Product (200 words)

Revenue Model

Traction

Deployment of Funds

Please submit the duly completed application form to iie@smu.edu.sg

Sign by _____