

Submit Your Funding Enquiry

(Required fields are marked with *)

<i>* First Name</i>	
<i>* Surname</i>	
<i>Title</i>	Mr Mrs Miss Ms Dr Rev Prof Sir Other
<i>* Company</i>	
<i>* Address</i>	
<i>* County</i>	
<i>Post Code</i>	
<i>Country</i>	
<i>Telephone Number</i>	
<i>Mobile</i>	
<i>E-mail</i>	
<i>Web Address</i>	
<i>* How did you find out about us</i>	
<i>* Stage of Business</i>	Pre-Start (ie no sales) <input type="checkbox"/> Achieving Sales <input type="checkbox"/> Breaking Even <input type="checkbox"/> Profitable <input type="checkbox"/>
<i>* Sector</i>	Energy <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Consumer/Retail <input type="checkbox"/> Restaurant/Catering/Food <input type="checkbox"/> Leisure/Entertainment <input type="checkbox"/> Healthcare/Pharma/Biotech <input type="checkbox"/>

	Distribution <input type="checkbox"/> Property <input type="checkbox"/> IT/Software <input type="checkbox"/> Other <input type="checkbox"/> Specify
<i>* Funding Sought</i>	Up to £100k <input type="checkbox"/> £100k - £250k <input type="checkbox"/> £250k - £500k <input type="checkbox"/> £500k - £1m <input type="checkbox"/> £1m - £2m <input type="checkbox"/> £2m - £5m <input type="checkbox"/> Over £5m <input type="checkbox"/> Unsure <input type="checkbox"/>
<i>* Business Description</i>	
"The Phrase that Pays" (a short phrase that captures the essence of your value propositions (< 150 characters))	

Return the completed Funding Enquiry Form, along with your Business Plan, to KAPITAL VENTURE EQUITY LLP, St Margaret's Hope, North Queensferry, Fife KY11 1HP. Tel: 01383 417 830

e-mail: enquiries@kapitalventures.co.uk