



FULL MEMBERSHIP APPLICATION FORM

Full membership applies to organizations actively engaged in profit driven private equity investing.

Company:

Address:

Telephone:

Telefax:

E-mail:

Internet:

Chief Executive:

Number of Full Time Investment Executives:

Type of Organization:

Total Funds Under Management:

Invested/Committed:

Available:

Current Portfolio Size:

Preferred Investment Range:

Minimum Investment:

Maximum Investment:

Type of Funding:

Preferred Industries (if any):

Preferred Geographical Areas:

Brief Company History *(Please attached a copy of latest company accounts):*



SPONSORS (three current full members of at least director level or equivalent):

„In my opinion, the applicant satisfies the Membership Criteria, but I agree to make such further inquiries as the SLOVCA deems necessary to support this application“.

- 1. Name of Sponsor Title
Company
Signature Date

- 2. Name of Sponsor Title
Company
Signature Date

- 3. Name of Sponsor Title
Company
Signature Date

I have read the Membership Criteria and believe we qualify; we also agree, as a firm, to abide by the SLOVCA Code of Conduct.

Signature.....Date

Please return this application to SLOVCA via fax (+ 421 2 4333 1873) or email (slovca@slovca.sk) or to any full member of the Association for forwarding on to the SLOVCA.