

APPLICANT INFORMATION

Name of company: _____

Main contact: Name: _____ Title: _____

Email: _____ Phone: _____

Location of Company: _____

Company website URL: _____

Reason Capital Desired:

Start-up funding

Business operations (For business expansion)

Acquisition capital (For business acquisition)

BUSINESS ACTIVITY

Type of Business (example: prescription drugs, medical device, diagnostic, digital health, saMD software)

Years in Operation: _____

Current Ownership (list all with >10% ownership):

FUNDING

Amount of funds previously raised: _____

Amount of current funds raised: _____

Terms of current round: _____

Anticipated sources of future funding (if needed):

ANTICIPATED EXIT EVENT

Desired exit type (licensing deal, sale, IPO) _____

Anticipated time to exit event? (time range) _____

Valuation of similar businesses (multiples, descriptions) _____

Non-dilutive grant funding received: _____

PRODUCT & MARKET

Product description:

Key Competitors (direct/indirect):

Key point of difference vs competition:

Current development stage:

Estimated market size: _____

Product exclusivity (patents, patent terms, copyrights): _____

Current annual sales(if applicable): _____

Current/potential alliance partners:

REGULATORY & REIMBURSEMENT

Regulatory pathway (NDA, ANDA, 510k, saMD, other)

Estimated time to approval: _____

Anticipated payers: _____

Reimbursement strategy (equity or debt types, discounts & caps, pre-money valuation):

Date current funding round began: _____

Amount committed to current round: _____

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MANAGEMENT TEAM

Management Team (current titles, P&L/operating experience, related experience):

Professional Advisors (specific names for legal, accounting, regulatory consultants, others?)

PRIOR FINANCIAL ARRANGEMENTS

Describe all special deals and circumstances with and between partners, related parties and anyone else (grant backs to founders, special licenses, etc.)

Potential Conflicts (Are team members related to one another. if so, how?)

OTHER**TLS HISTORY**

If you have applied to TLS for funding in the past and were rejected, please list the reasons given for your rejection, and why these no longer apply:

References (2 names required)

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Current Banking Institution: _____

Please save document and email completed form to info@tlspartnersrx.com