



CB Health Access Application Form 2016-2018

Basic information about the company

| |
|--|
| Name: |
| Org no: |
| Address: |
| Web: |
| Number of employees: |
| Medical Devices |
| Health IT |
| Biotech |
| Pharma |
| Turnover last two years and prognosis: |
| 2014 |
| 2015 |
| 2016 prognosis |
| Experience selling abroad, and/or export strategy: |

| |
|---|
| Contact person in matters relating to this application: |
| Name: |
| e-mail: |
| Phone no: |

Basic information about the product/s and service/s

| |
|--|
| Describe shortly the product you plan to bring to US, South-Korea, India or Uganda market: |
| CE-marking / FDA approval / Other regulatory approval, specify in case relevant for your product: |
| These products are already sold in the following markets: |
| Clinical evidence/studies or proof of impact (reduced costs, raised quality, etc): (white papers, publications, calculations based on concrete business case etc.) |

Information relating to the program

Which market are you interested in: USA / South Korea / India / Uganda

Reason why we apply to become participants in CB Health Access and goal you want to achieve:

We hereby ensure that we will allocate sufficient resources to implement the program.

When applying to the CB Health Access program I also agree to the following:

1. Participation in interview as a second step in the application process.
2. Acceptance of the rules for the program as stated in attachment.
3. Understanding and acceptance of the economic obligations relating to the program for the company.

Date and place:

Signature:

Name and position: