This application is to allow students to be entitled for the financial support to register their software application in designated open market platform.

Section A

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1. Name of Applicant (Principal)

Name of Applicant　　　　　:　_____　　　H/P.　　:　_____

Identity Card #　　　　　　:　_____　　　Email　　:　_____

Student ID #　　　　　　　:　_____　　　Course　　:　_____

Dept./Faculty :　　_____　　Year of Study: _____

Corresponding address:　_____

_____

Permanent address:　_____

_____

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2. Name(s) of other students participating in the same project (*please use additional sheets if necessary*)

Name (as per IC)	IC #	Student #	Dept. /Faculty	H/P	Email
i.					
ii.					
iii.					

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3. Details of the Software Application

Title of software application	
Description of software application *(give a brief description and indicate whether its for application or games category)* *use separate sheets if necessary*	
Is the software application developed by you/your team?	☐ Yes　　☐ No If no, please explain: _____ _____ _____
Is the software application ready for commercialisation?	☐ Yes　　☐ No If Yes, is it ready?:　☐ Immediately　☐ 3 - 6 months time　☐ 6 -12 months time

1

On which platform do you wish to place the software application?	i) _____ ii) _____ iii) _____
How much is the estimated cost of the registration in the platform?	
Do you intend to insert your apps/games as free or priced?	
Monetisation Strategy	☐ Advertising ☐ Freemium Model ☐ In-App Purchases ☐ Subscriptions ☐ White Labeling ☐ Paid-Only Application

4. Declaration by the Applicant

I hereby declare that the information given above is complete and accurate.
I further declare that the University has permitted me to carry out by way of a private arrangement for this scheme and I hereby agree and undertake to indemnify the University against all losses, damages, costs including legal costs on a solicitor to client basis, professional and other expenses howsoever incurred arising from or relating to the above mentioned scheme

_____
Signature of Applicant

Name: _____   **Date:** _____

Section B: Recommendation from HOD/Dean

I, the Head/Dean of _____ hereby certify that:

   i)   *The applicant whose name as given above is a student of Universiti Tunku Abdul Rahman.*
   ii)   *I have no objection to the application and would therefore recommend that the application to be approved.*

Comments:

_____
Signature of Head of Department /Dean of Faculty

Name: _____   **Date:** _____

Section C: Verification by DCC

Date Checked	
# Downloads	
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Category	
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Name	