



Virtual Innovation Agency. Submission Form.

Your Personal Details.

Company: _____

Industry: _____

Date founded: _____ dd.mm.yyyy

Number of employees: _____

Website: _____

Surname: _____

First name: _____

Position: _____

Street / House number: _____

Postcode / Town: _____

Country: _____

Telephone number: _____

Fax number: _____

E-Mail: _____

Previous contact with BMW: yes no

If yes, contact person and date:



Your Innovative Solution.

Short Description:

Stage of Development:

- Prototype
- Model
- Business Plan
- Idea / Concept

Protection Rights:

- Patent applied for on: _____ dd.mm.yyyy
- Patent number: _____
- Registered design number: _____
- Other (e.g. service): _____
- Unprotected; I hereby acknowledge the Terms and Conditions Virtual Innovation Agency

Assessment of the strengths and weaknesses: