
Use this form to register an investment fund that intends to receive certification as a Virginia venture capital account and meets certain registration requirements, as set forth in the Form VEN instructions. Submit this form and any supporting documentation during the year in which the investment fund is applying for certification as a Virginia venture capital account or by January 31 of the following year. This form is **Step 1 out of 3** to certify an investment fund.

Section I - Investment Company Information

| | | |
|--|--------------|-----------------|
| Name | | FEIN |
| Trading As | | Office Use Only |
| Street Address | | |
| City, State, ZIP Code | | Email Address |
| Contact Name | Phone Number | Fax Number |
| Entity Type (check one): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ | | |

Section II - Investment Account Information

1) Name of fund: _____

If you answer "No" to either of the questions below, this fund may not be registered with the Department for purposes of the subtraction and may not qualify as a Virginia venture capital account.

2) Does the investment fund plan to invest at least 50% of the capital committed to its fund in qualified portfolio companies? Yes No

3) Does the investment fund employ at least one investor who has at least 4 years of professional experience in venture capital investment or substantially equivalent experience? Yes No

(3a) Employee's Name: _____ **(3b)** Employee's Title: _____

(3c) Explain his/her qualifications (use additional sheets if necessary). You must also provide documentation of experience. See the instructions for examples of acceptable documentation.

Section III - Signature

I (we) the undersigned declare, under the penalties provided by law, that this form (including any accompanying schedules, statements, and enclosures) has been examined by me (us) and is, to the best of my (our) knowledge and belief, a true, correct, and complete application, made in good faith pursuant to the income tax laws of the Commonwealth of Virginia. If a person other than the taxpayer prepares this application, such declaration is based on all information of which he or she has knowledge.

| | | |
|----------------------|--------------|------|
| Authorized Signature | Title | Date |
| Printed Name | Phone Number | |
| Email Address | Fax Number | |