# Expression of Interest (EOI) Questionnaire

SA-Cuba Biotechnology Technology Transfer and Innovation Programme

## Section 1: Company Information

|  |  |
| --- | --- |
| Question | Response |
| Company Name: |  |
| Registration Number: |  |
| Year Established: |  |
| Head Office Address: |  |
| Website (if any): |  |
| Primary Contact Person - Name: |  |
| Primary Contact Person - Position: |  |
| Primary Contact Person - Email: |  |
| Primary Contact Person - Phone Number: |  |

## Section 2: Company Profile

|  |  |
| --- | --- |
| Question | Response |
| Brief overview of your company, including core areas of expertise and operations: |  |
| Experience in the biotechnology or healthcare sector, particularly in product validation, clinical research, or commercialization: |  |

## Section 3: Relevant Experience

|  |  |
| --- | --- |
| Question | Response |
| List and describe past or current projects related to neurodegenerative diseases: |  |
| List and describe past or current projects related to biotechnology product development or validation: |  |
| Have you previously collaborated with international partners on health-related innovations? If yes, please provide details: |  |

## Section 4: Capacity and Interest

|  |  |
| --- | --- |
| Question | Response |
| Indicate which products you are interested in  |  |
| Indicate the mode of cooperation or type of partnership on the product  |  |
| Describe your company’s capacity to engage in collaborative research and development: |  |
| What resources (technical, human, financial) can your company commit to this initiative? |  |
| What is your level of interest in validating near-market-ready neurotherapeutic products? |  |
| What is your level of interest in investing in or co-developing such products? |  |

## Section 5: Supporting Documentation

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| --- | --- |
| Question | Response |
| Attach the following documents:- Cover letter expressing interest- Company profile with key personnel- Relevant project summaries or case studies- Any additional supporting documents |  |

## Section 6: Declaration

|  |  |
| --- | --- |
| Question | Response |
| I hereby declare that the information provided is true and correct to the best of my knowledge. |  |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |