

STARTUP SCREENING CHECKLIST

COMPANY NAME: _____

DATE: _____



INVESTMENT CRITERIA



STARTUP

Country of Incorporation



Market



Industry



Problem



Solution



Stage of Product Development



Specific Technology Required



Investment Round



Investment Ask



Use of Funds



Pre-Money Valuation



Previous Investments



Cap Table



Revenue Model



Annual Recurring Revenue



Revenue Growth



Gross Margin



Team



- Founder Team



- Specific Social Profile

