



## 2020 Global LEAP Awards for Electric Pressure Cookers: Nominations Form Template

| Field #                           | Field   | Subcategory                          | Field / Question  |
|-----------------------------------|---|--------------------------------------|---|
| All fields marked * are mandatory |   |                                      |   |
| 1                                 | <b>Nominator Information</b>                    |                                      |   |
| 2                                 |   |                                      | * Name of individual submitting nomination  |
| 3                                 |   |                                      | * Company/Organization  |
| 4                                 |   |                                      | * Type of company: OEM, wholesaler, retailer (select all that apply):   |
| 5                                 |   |                                      | * Job title   |
| 6                                 |   |                                      | * Email   |
| 7                                 |   |                                      | * Phone Number (w/ Country Code)  |
| 8                                 |   |                                      | * Company Website   |
| 9                                 |   |                                      | * Postal Address  |
| 10                                |   |                                      | * Size of Company   |
| 11                                |   |                                      | * How did you learn about the EPC competition?  |
| 12                                |   |                                      | Do you want to receive further information related to the program and/or the program's partners?  |
| 13                                | <b>Manufacturer &amp; Warehouse Information</b> |                                      |   |
| 14                                |   |                                      | * For all of the products being nominated, is your company the manufacturer, distributor, both, or mixed (depending on product)?  |
| 15                                |   |                                      | * Is the manufacturer the same for all the products you are nominating?   |
| 16                                |   |                                      | Manufacturer name:  |
| 17                                |   |                                      | Manufacturer website:   |
| 18                                |   |                                      | Manufacturer postal address:  |
| 19                                |   |                                      | For each product being nominated, please provide the model name/number and corresponding manufacturer 1) name, 2) website, and 3) postal address:                         |
| 20                                |   | <b>Product Warehouse Information</b> | * Is the physical warehouse address the same for all the products you are nominating?   |
| 21                                |   |                                      | Physical Address of Product Warehouse   |
| 22                                |   |                                      | For each product being nominated, please provide the model name/number and corresponding physical warehouse address:  |
| 23                                | <b>Product Information</b>                      |                                      |   |
| 24                                |   |                                      | * Product Name  |
| 25                                |   |                                      | * Brand Name  |
| 26                                |   |                                      | * Product Model Number  |
| 27                                |   |                                      | * Is your product white labeled?  |
| 28                                |   |                                      | If yes, under what product and brand names does it appear?  |
| 29                                |   |                                      | * Select the competition category* for this Product to be entered into.   |
| 30                                |   |                                      | * Capacity/volume of cooking vessel [L]:  |
| 31                                |   |                                      | * Types of cooking modes (saute, pressurization):   |
| 32                                |   | <b>Power Supply Details</b>          | * Power supply type [DC, AC, both]:   |
| 33                                |   |                                      | * Nominal input voltage [V]:  |
| 34                                |   |                                      | * Nominal input frequency [Hz]:   |
| 35                                |   |                                      | * Rated power [W]:  |
| 36                                |   |                                      | * Voltage range within which the product operates safely [V-V]:   |
| 37                                |   |                                      | If the Product is compatible for use with mini-grids or alternate power sources, please indicate and describe any design modifications necessary to enable compatibility: |
| 38                                |   | <b>Price Details</b>                 | * FOB price of a single EPC, from an order of one thousand (1000) units [USD\$]:  |
| 39                                | <b>Declared Performance</b>                     |                                      |   |
| 40                                |   |                                      | * Operating temperature during high pressure cooking mode, with water only [C]:   |
| 41                                |   |                                      | * Operating pressure during high pressure cooking mode, with water only [kPa]:  |
| 42                                |   |                                      | * Maximum working pressure [kPa]:   |
| 43                                |   |                                      | * Any overvoltage and undervoltage protection:  |
| 44                                |   |                                      | * Any electrical overload protection mechanisms:  |
| 45                                |   |                                      | * Any overtemperature protection mechanisms:  |
| 46                                |   |                                      | * List of safety features (such as steam release valve, locking lid sensor, temperature and pressure sensors, thermal fuse, etc):   |
| 47                                |   |                                      | * Other automatic operating stoppage or protection mechanisms (if applicable):  |
| 48                                |   |                                      | * Is the Product compatible with weak- or off-grid energy systems? Please describe:   |
| 49                                | <b>Product Market Information</b>               |                                      |   |
| 50                                |   |                                      | * Countries where the product is sold (past or present):  |
| 51                                |   |                                      | * Have you deployed any design or supply chain innovations specifically intended to increase the affordability of this product for end users? If so, please describe      |
| 52                                |   |                                      | * What else is innovative or valuable about the design of your Product that should be considered?   |
| 53                                | <b>Installation, Training and Service</b>       |                                      |   |
| 54                                |   |                                      | * Length of warranty (months):  |
| 55                                |   |                                      | * Description of warranty:  |
| 56                                |   |                                      | * Any Product installation guides, resources, or recommendations provided by the supplier to the distributor/retailer/installer:  |
| 57                                |   |                                      | * Any Product training and user manuals, resources, or recommendations provided to the end consumer:  |
| 58                                |   |                                      | * Any after-sales maintenance and service offered (see note on what to include in italics below):   |
| 59                                |   |                                      | For business to business sales, are there any other services provided to the distributor:   |
| 60                                |   |                                      | For business to consumer sales, are there any other services provided to the end-customer:  |
| 61                                | <b>Supporting Documents File Upload</b>         |                                      |   |

- 62 \* Specifications sheet(s):
  - 63 \* Warranty (in English):  
Safety documents or certifications:  
Relevant training and user manuals or resources:
  - 64 \* Photograph(s) of Product:
  - 65 \* Photograph of nameplate:
  - 66 Others (as needed):
  - 67 Would you like to nominate another product?
  - 68
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69 **Information for Investors  
(optional)**

- 70 Please indicate if you will like to participate in the Efficiency for Access Coalition Investor Network
- 71 Date of company founding:
- 72 Please provide the annual revenue of your company (in USD): (\$)
- 73 Total number of products sold to date, by product type (including all products nominated for Global LEAP Awards):
- 74 Countries in which company operates:
- 75 Number of distributors:
- 76 Countries in which distributors operate:
- 77 Total amount of third party investment received to date: (\$)
- 78 Capital/investment needs:
- 79 Describe any aspects of the company's product design or business model that are intended to increase accessibility for BoP customers: