



INVESTOR BRIEF • PRE-SEED

Urban air, made simple.

The coordination and assurance platform for regulated urban drone services, starting with time-critical medical samples in Amsterdam.

Urban drone services are not primarily an aircraft problem.

Aircraft that can carry 2–3 kg over 30+ km already exist. What doesn't exist is a way for **five independent parties** to run one flight as a single, accountable service, so that one release decision rests on everyone's live data and there is one record anyone can audit afterwards.

Today, time-critical diagnostic samples cross Amsterdam by road, through variable traffic. Replacing a courier run with a flight means coordinating a route, authorised sites, weather and dispatch, clinical custody, authority oversight, and evidence that the city benefits.

ONE FLIGHT NEEDS

Clinical request & custody	Care provider
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Aircraft, crew, authorisation	Licensed operator
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Aircraft performance data	OEM
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Pad, access, ground safety	Hub / site owner
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Permission & oversight	City / authority
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One release decision + one audit record	No neutral layer, today
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The rules, the use case and the aircraft are arriving at once.

1

Rules now exist, and they are demanding

EU drone rules set a risk-based 'specific' category, and U-space rules have applied since January 2023. Operators need an operational authorisation, which needs evidence.

2

A clear use case gets materially stronger support

Amsterdam's own 2022 survey: 84% positive about drones for emergency help, a large majority positive about medicine delivery. Parcels rank last.

3

Medical drones already fly in NL

The ANWB / Isala Meppel -Zwolle pilot passed 800+ flights and was extended to mid-2027 with the national ministry and LVNL.

4

Electric aircraft are useful now

Battery-electric VTOL fixed-wing designs reach the 2-3 kg payload and 30+ km range a city corridor needs.

5

Cities need evidence, not just demonstrations

Privacy, safety and noise are the named concerns. Whoever can measure and publish them earns the next route.

Sources: EU Regulations 2019/947 and 2021/664; Gemeente Amsterdam O&S, 'Perceptie van drones in Amsterdam' (April 2022, n = 536); anwb.nl/medical-drones (August 2026).

One coordination layer. Three jobs.

Simplycity connects operators, authorities, landing sites and care providers in one shared, auditable flight environment.



Flow

MISSION ORCHESTRATION

Route, weather, pad capacity, aircraft health and energy are checked against 12 release gates, so a request becomes a releasable mission. Stale data fails closed.



Trust

ASSURANCE & OVERSIGHT

Each party sees what its role needs, and a hash-chained, tamper-evident ledger records every decision and every custody handover.



Impact

EVIDENCE FOR THE CITY

Service reliability, elapsed time, route compliance, energy and measured noise: the evidence behind a decision to scale.

WE ARE NOT an aircraft manufacturer · a drone operator · a delivery company · a substitute for the authority or the clinical process

Who pays whom.

The care provider buys a transport outcome. The operator is paid for flying. Simplycity is paid for making the whole corridor work as one system.

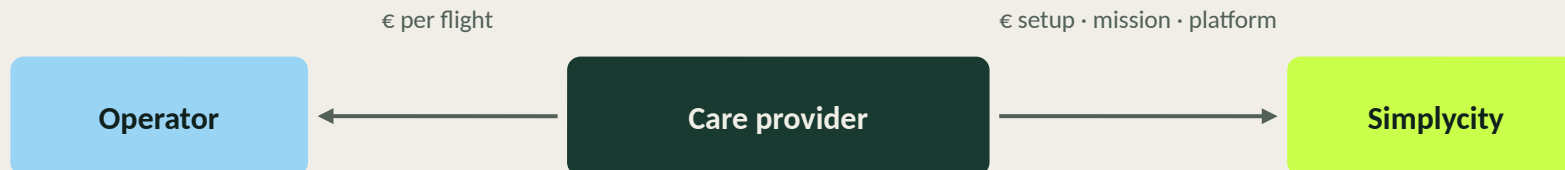
Stakeholder	Role in the corridor	Economic relationship
Care provider (hospital / lab network)	Buys the transport outcome; owns clinical custody	Primary customer: pays the operator per flight and Simplycity for setup, orchestration and platform
Licensed operator	Flies the aircraft; holds the operational authorisation	Paid per flight by the care provider; may resell Simplycity inside its fee
Simplycity	Coordination, release gating, audit, reporting	Setup + per-mission + per-corridor platform fees
Hub / site owner	Pads, access, ground safety	Site agreement (cost, not revenue)
City / authority	Permission, oversight, public acceptance	Pays €0 in our base case. Governance reporting is upside only
OEM	Supplies aircraft and technical data	Supplier to the operator; integration retainer possible

WHY PAY SIMPLYCITY, NOT JUST THE OPERATOR?

An operator's tools cover its own fleet.
The care provider needs one release decision across five parties, an unbroken custody chain, and evidence the authority will accept, whichever operator or aircraft flies.

Neutrality is the product: a hospital can switch or add operators without rebuilding its workflow.

MONEY FLOW



City / authority: €0 in the base case. Hub: site agreement. OEM: sells to the operator.

A dense care network, an engaged city, and a use case residents support.

84%

of Amsterdam residents are positive about drones for emergency assistance

Majority

positive about drones delivering urgent medicine. Parcel delivery ranks lowest

79 • 77 • 51%

cite privacy, safety and noise as concerns: the three things Trust and Impact measure and publish

Source: Gemeente Amsterdam, Onderzoek en Statistiek, 'Perceptie van drones in Amsterdam', April 2022 (panel survey, n = 536).

Not “Amsterdam is a big market.” Amsterdam gives us a high-density hospital and laboratory network, a city that already researches how residents feel about drones, and a use case where speed has clear operational value. Introduce drones for a service people understand and can measure, not because drones are cool.

The 17-minute care corridor.

Reference planning scenario, not a delivered service. Numbers marked 'to measure' are the first job of the raise.

18 kmDIRECT REFERENCE
ROUTE**95 km/h**WING-BORNE
CRUISE**17 min**DOOR-TO-DOOR
TARGET**SC-17 REFERENCE ENVELOPE**

2.5 kg payload · 35 km range

OEM-neutral: if a real aircraft beats it, that
aircraft wins**WHY THIS ROUTE?**

Question	Today's answer	Status
Road time, same trip	~45 min door-to-door, traffic-dependent	Planning estimate: to measure
Air time target	17 min door-to-door	Target: to prove in supervised flights
Eligible movements / week	Urgent samples only, not routine runs	To count with anchor partner
Clinical time sensitivity	Samples where turnaround time changes a clinical decision	To validate with clinicians
First customer	An Amsterdam hospital-laboratory network	Target profile: not yet signed
Regulatory construct	Operator-held operational authorisation for this route	Pathway to define (see slide 14)

Working software. No operational traction yet, and we say so.

Live at simplycity.nl against simulated aircraft. The platform is real; the service, customers and revenue are what this raise sets out to prove.

BUILT

- 12 operational release gates on live data; stale data fails closed
- 4 scripted scenarios, 3 of them failure cases (denial, weather, link loss)
- 90 API routes incl. a documented OEM / operator integration contract
- Hash-chained, tamper-evident trust ledger + custody chain
- Real sign-up, verification and admin review; real map
- Automated safety, security and custody test coverage

VALIDATING NEXT

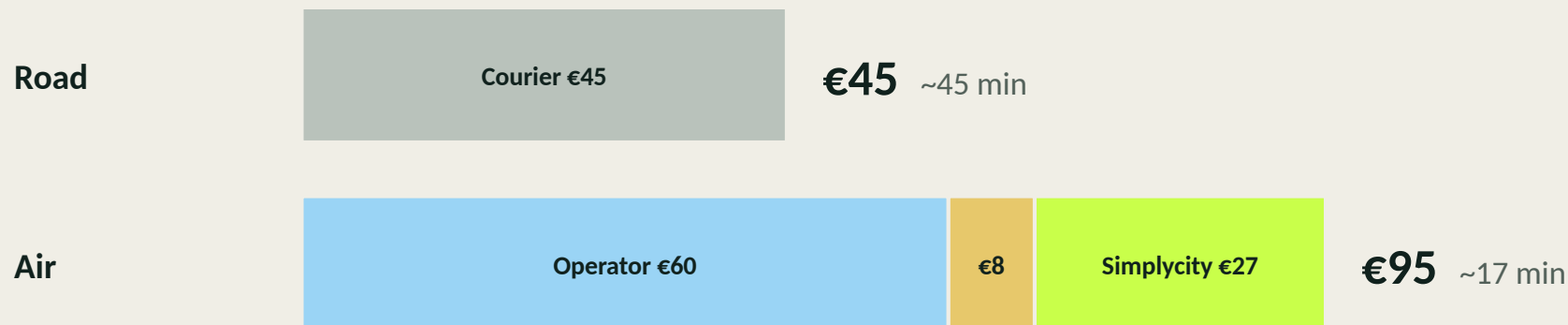
- Anchor healthcare partner
- Licensed operating partner
- Aircraft / OEM candidate
- Hub / site owners
- Municipal working group
- *None of these is signed yet*

TO PROVE

- Supervised flights on the route
- Clinical workflow and custody in practice
- Customer willingness to pay per movement
- Corridor utilisation (movements / day)
- A viable regulatory pathway

What one sample movement costs the hospital.

Illustrative hypothesis: operator, hub and courier figures must be replaced by a real operator quote and a courier benchmark.



Hub / ground handling €8 (amber). Simplycity's €27 per movement is derived from the pricing on the next slide at 12 movements/day.

+€50

PREMIUM PER MOVEMENT

28 min

SAVED PER MOVEMENT

€1.80

PREMIUM PER MINUTE SAVED

€35-60 / €40-90

ROAD / OPERATOR HYPOTHESIS
RANGES

The real question: air will probably cost more per movement than road. The business stands only if, for the samples that need it, the time saved and the reliability are worth the premium. That is the first thing the pilot must measure.

One mature corridor, city pays €0.

Illustrative pricing hypothesis, to validate with the first care partner and operator.

Revenue line	Hypothesis	Who pays
Corridor setup	€60,000 one-time	Care sponsor
Mission orchestration	€9 per mission	Care provider / operator
Platform (Flow + Trust)	€5,500 per corridor / month	Care provider / operator
Integration retainer	€18,000 per partner / year — upside, excluded from the €98k base case	OEM / operator
Impact / governance reporting	€24,000 per corridor / year	Authority: excluded from base case

Direct cost per corridor: €0.60 per mission (cloud, messaging, support) + €2,500 per month (monitoring, hub liaison).

Assumes 12 movements/day × 300 days = 3,600 movements per corridor per year.

€98k

recurring revenue /
corridor / year

€66k

contribution / corridor /
year

67%

gross margin on
recurring revenue

€27

Simplycity revenue per
movement

*No aircraft resale, fleet margin or unvalidated volume curve assumed.
Adding city reporting as upside lifts a corridor to €122k.*

Utilisation is the lever. The network is the business.

Same pricing as the previous slide; the city still pays €0. Break-even uses today's lean fixed cost (€705k/yr), so read it as a lower bound.

Movements / corridor / day	Recurring revenue / corridor	Gross margin	Corridors to break even	Corridors to €1m ARR	Corridors to €5m ARR
6	€82k	62%	14	13	61
12 (base case)	€98k	67%	11	11	51
30	€147k	76%	7	7	35

One corridor cannot carry the company.

The pilot corridor is a funded proof. Around ten mature corridors cover today's team.

Utilisation is the biggest unknown.

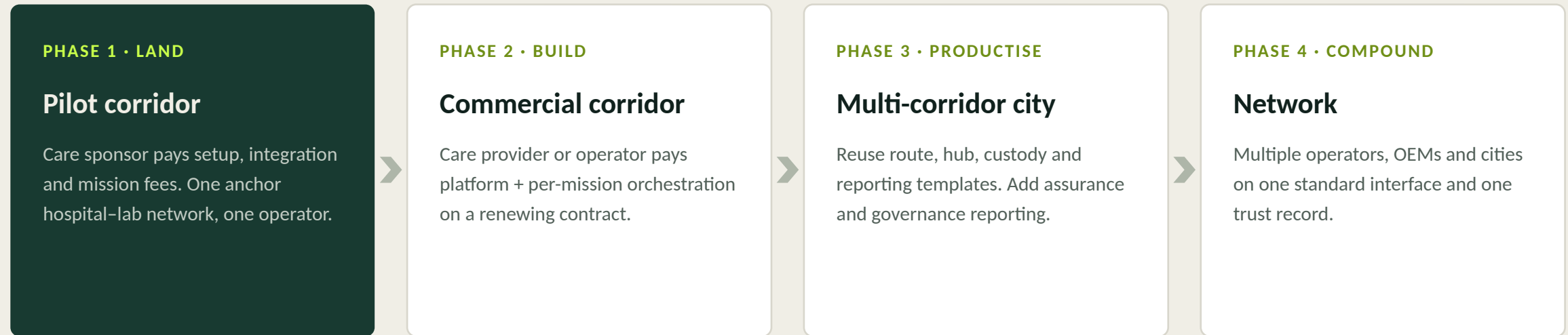
Going from 12 to 30 movements a day cuts corridors to €1m ARR from ~11 to ~7. Utilisation is unknown today, and the pilot measures it.

€5m ARR is a network business.

35–51 corridors means several cities and several operators. That is the Phase 4 thesis, and it needs neutrality across operators and OEMs.

Land. Build. Productise. Compound.

Each phase adds a revenue layer only after the previous one is proven.



INTENDED MOAT: A HYPOTHESIS, NOT YET DEMONSTRATED

Operational integrations • regulatory workflow knowledge • corridor-specific data • stakeholder relationships • standard OEM / operator interfaces • a historical trust record

Why wouldn't an operator or OEM build this themselves? They can build it for their own fleet. A hospital, a city or a second operator needs a layer that none of the competing suppliers controls.

Medical drones are already flying. The reusable layer isn't built yet.

Who	What they have done	How Simplicity relates
ANWB Medical Drones (NL)	Consortium with Isala, KPN, LVNL and the Ministry of Infrastructure & Water Management; Avy aircraft. 800+ BVLOS flights Meppel–Zwolle; extended to mid-2027.	Proves the demand and that the regulator will engage. One consortium, one route, not a reusable fleet-agnostic layer. A potential partner, not only a competitor.
Avy (Amsterdam)	Electric VTOL aircraft OEM / operator with BVLOS experience; the aircraft in the ANWB corridor.	A candidate integration partner.
Apian (UK)	6,000+ pathology samples flown for Synnovis between Guy's and St Thomas'; now deploying Matternet aircraft to a ~20,000-samples/day lab hub.	The closest analogue to our model, and evidence that medical-drone logistics can operate at meaningful clinical volume. Not active in the Dutch market.
U-space service providers	Certified airspace services: geo-awareness, flight authorisation, network ID.	Infrastructure we sit above and consume: their data feeds our route and weather gates.

The honest reading: the service is being proven in the Netherlands one route at a time. Nobody yet offers the layer that lets corridor 2, 3 or 10 start from a proven workflow instead of from scratch.

An operationally authorised corridor, not a pre-approved one.

THE HONEST STARTING POINT ILT (the Dutch aviation inspectorate) states that BVLOS flights in the Netherlands can currently only take place in controlled or 'atypical' airspace, and the standard BVLOS scenario (STS-02) covers sparsely populated areas only. An urban BVLOS corridor therefore needs a bespoke authorisation route. This is our largest timeline risk, which is why the plan starts with authority engagement, not flights.

1

Authority engagement

Early dialogue with ILT, the municipality and hospital sites on route, airspace and ground-risk options.

2

ConOps + risk assessment

Operator leads the SORA-based assessment; Simplycity supplies the workflow, gate logic and evidence design.

3

Supervised demonstrations

Measured aircraft, energy, noise and exception data under whatever permission the stage allows.

4

Limited pilot under an OA

Operator holds the operational authorisation; Simplycity is the audit and coordination record.

Simplycity never holds the flight authorisation unless it deliberately becomes an operator. Source: ilent.nl, 'Dronecategorie Specifiek' (accessed September 2026).

Don't believe our assumptions. Fund the experiments.

Hypothesis	Experiment	Evidence	Decision it drives
A 17-minute service is possible on this route	Supervised flights on the reference route	Measured door-to-door times, diversions	Continue, or change the route
Hospitals value the time saved	Structured interviews + a priced offer to the anchor partner	Stated and signed willingness to pay per movement	Pricing, and which samples are eligible
Enough eligible movements exist	Count urgent movements with the partner's lab data	Movements per day on the route	Corridor economics (6 / 12 / 30 per day)
Operator economics work	Formal quotes from 2+ licensed operators	€ per flight at pilot volume	Customer price and corridor model
Residents accept the route	Before-and-after survey in the corridor impact area	Sentiment, noise complaints, sample size	Site and route selection
A regulatory pathway is viable	Authority engagement + operator SORA draft	Written feedback, conditions, timeline	Pilot design and timing
Simplycity can charge on top	Commercial pilot contract	Fees paid for setup, orchestration and platform	SaaS pricing for corridor 2

Named risks, named mitigations.

Risk	Mitigation
Customers won't pay the premium	Price test before the pilot; target only samples where time changes outcomes; no build-out before a signed sponsor.
Corridor utilisation is too low	Count real eligible movements first; design corridor 1 as a hub serving several sites, not one point-to-point line.
Approval timeline extends	Narrow, controlled route; authority engagement from month 0; stage spending by evidence gates.
OEM performance falls short	SC-17 stays supplier-neutral; score several candidates; change assumptions transparently.
Hub or community resistance	Survey sites early; publish measured (not claimed) noise; a clear incident process.
Clinical workflow harder than flight	Co-design with care partners; validate custody, temperature and exceptions before the pilot.
Platform not differentiated enough	Focus on multi-party release, audit and fleet-agnostic integration, not generic telemetry.
Capital intensity grows	No fleet ownership by default; hardware commitments only after coalition and route diligence.

Can we deliver a critical sample more reliably than a road courier, and earn public trust while doing it?

SAFETY

No unacceptable safety events, measured against the operator's authorised safety case; every exception recorded and reviewed

SERVICE

≥95% of eligible missions delivered inside the agreed clinical window

RELIABILITY

Cancellation and diversion rates published in full: no cherry-picking

ACCEPTANCE

≥70% positive among residents sampled in the corridor impact area, surveyed before and after, with the method and sample size published

IMPACT

Measured noise and energy, compared with the road workflow it replaces

ECONOMICS

A validated price per movement, and a documented cost for corridor 2

Prabhat Kumar

FOUNDER • AVIATION SYSTEMS • ELECTRIFICATION • PRODUCT

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Electric aviation

Battery management, power electronics, electric propulsion, controls

Systems engineering

Embedded systems, CAN, motor control, high-power electrification

Currently working on electric aviation systems: propulsion, inverter / control and system integration.

WHY SIMPLYCITY

"I have spent my career on the aircraft and propulsion side of electric aviation. Building the aircraft is no longer the hardest part. The hard part is making urban air services useful, coordinated and trusted across customers, operators, infrastructure and authorities. Simplycity is my attempt to build that missing layer."

BUILDING THE FOUNDING TEAM

Founder-led today. Product and customer discovery are founder-led; regulatory and aviation expertise is brought in per workstream; healthcare validation is partner-led.

Once the Amsterdam corridor is validated, **I will add a complementary co-founder** in healthcare / commercial partnerships or urban aviation operations.

€750,000

~12 MONTHS • FROM CONCEPT TO A PILOT DECISION

Product & engineering	€270k	Platform hardening, operator / OEM integration, clinical workflow
Corridor launch & ops	€165k	Route / hub survey, supervised demonstrations, measurement
Safety & regulatory	€120k	ConOps and risk-assessment support, authority engagement
Partnerships & clinical	€75k	Anchor-partner validation, pricing and eligibility study
Founder & company	€75k	Lean founder costs, legal, finance, tooling
Contingency	€45k	6%

Deliberately lean: founder-led, with specialist engineering and regulatory expertise contracted per workstream rather than hired ahead of validation. No aircraft manufacturing or fleet purchase.

AT THE END OF THE ROUND WE EXPECT TO HAVE

- ✓ A signed anchor healthcare partner
- ✓ A contracted licensed operating partner
- ✓ A selected aircraft (scored against SC-17)
- ✓ A defined regulatory pathway with written authority feedback
- ✓ The reference route demonstrated under supervision
- ✓ Measured operational, noise and energy data
- ✓ Validated customer pricing per movement
- ✓ A go / no-go decision on the first commercial corridor
- ✓ A qualified pipeline for corridor 2

We're asking for your judgement before your cheque.

1

Is a coordination and assurance layer a valuable enough standalone business, or does it belong inside an operator?

2

Do Amsterdam medical samples make sense as the first wedge?

3

Who should own the commercial contract: the hospital, the lab network or the operator?

4

What evidence would you need before funding the first corridor?

5

Does the €750k milestone plan buy the right proof?

6

Which complementary founding capability would you prioritise first: healthcare / commercial, or aviation operations / regulatory?

S

Can we prove one essential route is safer, more reliable and more accountable than the status quo, **and**
build the layer that lets that proof travel to the next city?

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live platform · model · documents