

# SINCERITY APPLIED MATERIALS HOLDINGS CORP.

## FORM D

(Small Company Offering and Sale of Securities Without Registration)

Filed 12/24/13

|             |   |
|-------------|---|
| Address     | C/O CKR LAW LLP<br>1330 AVENUE OF THE AMERICAS, 14TH FLOOR<br>NEW YORK, NY, 10019 |
| Telephone   | (212) 259-7300  |
| CIK         | 0001532595  |
| Symbol      | SINC  |
| SIC Code    | 7389 - Services-Business Services, Not Elsewhere Classified                       |
| Industry    | Holding Companies   |
| Sector      | Financials  |
| Fiscal Year | 12/31   |

UNITED STATES SECURITIES  
AND EXCHANGE COMMISSION  
Washington, D.C.

OMB APPROVAL

OMB Number: 3235-0076  
Estimated Average burden  
hours per response: 4.0

# FORM D

## Notice of Exempt Offering of Securities

### 1. Issuer's Identity

CIK (Filer ID Number)

0001532595

Previous Name(s)  None

HAPYKIDZ.COM

Entity Type

- Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other

Name of Issuer

SYMBID CORP.

Jurisdiction of  
Incorporation/Organization

NEVADA

Year of Incorporation/Organization

- Over Five Years Ago  
 Within Last Five Years (Specify Year) 2011  
 Yet to Be Formed

### 2. Principal Place of Business and Contact Information

Name of Issuer

SYMBID CORP.

Street Address 1

MARCONISTRAAT 16

Street Address 2

City

ROTTERDAM

State/Province/Country

NETHERLANDS

ZIP/Postal Code

3029 AK

Phone No. of Issuer

+31(0)1 041 34 601

### 3. Related Persons

Last Name **ZANDVLIET** First Name **KORSTIAAN** Middle Name  
Street Address 1 **C/O SYMBID CORP. MARCONISTRAAT 16** Street Address 2  
City **ROTTERDAM** State/Province/Country **NETHERLANDS** ZIP/Postal Code **3029 AK**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)  
**PRESIDENT AND CHIEF EXECUTIVE OFFICER**

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Last Name **SLAKHORST** First Name **ROBIN** Middle Name  
Street Address 1 **C/O SYMBID CORP. MARCONISTRAAT 16** Street Address 2  
City **ROTTERDAM** State/Province/Country **NETHERLANDS** ZIP/Postal Code **3029 AK**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)  
**SECRETARY AND CHIEF COMMERCIAL OFFICER**

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Last Name **VAN DER SANDE** First Name **MAARTEN** Middle Name  
Street Address 1 **C/O SYMBID CORP. MARCONISTRAAT 16** Street Address 2  
City **ROTTERDAM** State/Province/Country **NETHERLANDS** ZIP/Postal Code **3029 AK**  
Relationship:  Executive Officer  Director  Promoter  
Clarification of Response (if Necessary)  
**TREASURER, CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER**

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## 4. Industry Group

- Agriculture
  - Banking & Financial Services
    - Commercial Banking
    - Insurance
    - Investing
    - Investment Banking
    - Pooled Investment Fund
    - Other Banking & Financial Services
- Business Services
  - Energy
    - Coal Mining
    - Electric Utilities
    - Energy Conservation
    - Environmental Services
    - Oil & Gas
    - Other Energy
- Health Care
  - Biotechnology
  - Health Insurance
  - Hospitals & Physicians
  - Pharmaceuticals
  - Other Health Care
- Manufacturing
- Real Estate
  - Commercial
  - Construction
  - REITS & Finance
  - Residential
  - Other Real Estate
- Retailing
- Restaurants
- Technology
  - Computers
  - Telecommunications
  - Other Technology
- Travel
  - Airlines & Airports
  - Lodging & Conventions
  - Tourism & Travel Services
  - Other Travel
- Other

## 5. Issuer Size

### Revenue Range

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

### Aggregate Net Asset Value Range

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

## 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Rule 505                            |
| <input type="checkbox"/> Rule 504 (b)(1)(i)                      | <input checked="" type="checkbox"/> Rule 506(b)              |
| <input type="checkbox"/> Rule 504 (b)(1)(ii)                     | <input type="checkbox"/> Rule 506(c)                         |
| <input type="checkbox"/> Rule 504 (b)(1)(iii)                    | <input type="checkbox"/> Securities Act Section 4(a)(5)      |
|  | <input type="checkbox"/> Investment Company Act Section 3(c) |

## 7. Type of Filing

- New Notice      Date of First Sale **2013-12-06**       First Sale Yet to Occur
- Amendment

## 8. Duration of Offering

Does the Issuer intend this offering to last more than one year?       Yes       No

## 9. Type(s) of Securities Offered (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Pooled Investment Fund Interests  | <input checked="" type="checkbox"/> Equity   |
| <input type="checkbox"/> Tenant-in-Common Securities   | <input type="checkbox"/> Debt  |
| <input type="checkbox"/> Mineral Property Securities   | <input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input checked="" type="checkbox"/> Other (describe)   |

**UNITS CONSISTING OF ONE SHARE OF COMMON STOCK AND A WARRANT TO PURCHASE ONE SHARE OF COMMON STOCK**

## 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?       Yes       No

Clarification of Response (if Necessary)

**THE UNITS ARE OFFERED IN CONNECTION WITH A SHARE EXCHANGE TRANSACTION.**

## 11. Minimum Investment

Minimum investment accepted from any outside investor      \$ **0** USD

# 12. Sales Compensation

Recipient **GOTTBETTER CAPITAL MARKETS LLC** Recipient CRD Number  None  
20680  
(Associated) Broker or Dealer  None (Associated) Broker or Dealer CRD Number  None

Street Address 1 **488 MADISON AVENUE** Street Address 2 **12 FLOOR**  
City **NEW YORK** State/Province/Country **NEW YORK** ZIP/Postal Code **10022**

State(s) of Solicitation  All States  Foreign/Non-US

- ILLINOIS
  - NEW YORK
  - INDIANA
  - CONNECTICUT
  - GEORGIA
  - NEVADA
  - KENTUCKY
  - CALIFORNIA
  - MISSISSIPPI
  - WASHINGTON
  - NEW JERSEY
  - OHIO
  - ALABAMA
  - TEXAS
  - COLORADO
  - FLORIDA
  - MARYLAND
  - NORTH CAROLINA
  - PENNSYLVANIA
  - MASSACHUSETTS
-

## 13. Offering and Sales Amounts

|                            |    |             |                                     |            |
|----------------------------|----|-------------|-------------------------------------|------------|
| Total Offering Amount      | \$ | USD         | <input checked="" type="checkbox"/> | Indefinite |
| Total Amount Sold          | \$ | 1549368 USD |                                     |            |
| Total Remaining to be Sold | \$ | USD         | <input checked="" type="checkbox"/> | Indefinite |

Clarification of Response (if Necessary)

## 14. Investors

- Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: 23

## 15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

|                   |    |           |                          |          |
|-------------------|----|-----------|--------------------------|----------|
| Sales Commissions | \$ | 35250 USD | <input type="checkbox"/> | Estimate |
| Finders' Fees     | \$ | 0 USD     | <input type="checkbox"/> | Estimate |

Clarification of Response (if Necessary)

CASH COMMISSIONS OF UP TO 10% OF GROSS SALES PRICE OF THE SECURITIES PURCHASED BY THE INVESTORS AND THE 5-YEAR BROKER WARRANT.

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0 USD  Estimate

Clarification of Response (if Necessary)

# Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer       | Signature                        | Name of Signer            | Title | Date       |
|--------------|----------------------------------|---------------------------|-------|------------|
| SYMBID CORP. | /S/ MAARTEN<br>VAN DER<br>SANDEN | MAARTEN VAN<br>DER SANDEN | CFO   | 2013-12-23 |