



# Gujarat Chamber of Commerce and Industry

## Export Awards 2016-17

### APPLICATION FORM

#### A. Basic Details:

1. Name and Address of the Exporter:
2. Telephone:
3. Fax:
4. E-mail:
5. Year of Establishment:
6. Category of Exporter (Tick the appropriate box)  
 Manufacturer Exporter     Merchant Exporter     Service Sector

#### B. Registration Details:

7. MSME Registration Number:
8. I/E Code Number:
9. Export Promotion Council Membership Number:

#### C. Product details

1. Details of Products exported
2. Countries to which product is exported:

## **D. Export Details**

1. FOB Value of Exports in Rs. Crores for Last 3 years (2014-15 to 2016-17)

**Note:** Kindly send us your audited Balance Sheet alongwith a Certificate from Chartered Accountant certifying the FOB Value of exports alongwith a copy of the Income Tax Return for the above years

## **E. Rating Details:**

1. Rating Agency:
2. Year:
3. Latest Rating:

## **F. Awards/Achievements:**

Please mention details of the awards received or any other outstanding achievement during the last 3 years in not more than 150 words. Also, please provide a brief profile highlighting the achievements or any significant developments in last 3 years.

P.S. : Kindly retain one copy of the application form with you and send us two copies of the form duly filled in and signed by authorized signatory.

## **Self declaration:**

I/We hereby confirm that the information furnished in this form is authentic and correct. I/We also agree to provide any additional details/information which may be required by the Jury Committee for verification during the selection process for the awards. I/We confirm that I/we shall abide by the decision of the Jury Committee appointed by the Gujarat Chamber of Commerce and Industry for the purpose.

I/we also declare that I/we have complied fully with all existing laws currently in force and applicable to me/us.

I/we understand that any discrepancies/inconsistencies/non-compliances found during the screening process will result in immediate disqualification from the selection process.

Signature:

Name:

Designation:

Date: