

**CHEMEXCIL**

**Basic Chemicals, Cosmetics & Dyes Export Promotion Council**

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Email:

**APPLICATION FORM FOR VIRTUAL EXHIBITION / BSM**

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| ***\* All Fields are mandatory***  Name of the Exhibition :  Date :  Country : |
| **Part ‘A’**   1. Name of the Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Type of company: Private Ltd/Proprietorship/Partnership Firm/ State/Central Govt. 3. Chemexcil Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Tel. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Website : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. **Products for display/Sale/Trade (with 6 digit HS Codes):**  |  |  |  | | --- | --- | --- | | **Sr. No.** | **6 digit HS Code No.** | **Name Of The Product** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **( if more products then enclosed separate sheet )**    Are you a member of any other EPC/Commodity Board /Federation? if yes please  specify :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Details of earlier participations in the same exhibition under MAI assistance **from Financial year 2018-19:**   If yes (Tick):- 1st time 2nd time 3rd time More than 4 times  If yes, With **MAI mention the year ………………………………………………………**   1. Details of your participation in the same financial year under MAI Scheme through **CHEMEXCIL…………………………………………………………..** 2. Number of events participated with MAI support during the current financial year 2021 – 22 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Name & place of the fair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Name & place of the fair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Part ‘B’**   1. Company PAN No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. COMPANY CIN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. IMPORT/EXPORT CODE (IEC) NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Whether belongs to MSME YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_ 5. GST NO: ------------------------------------------- 6. Company (Directors /Partner/ Proprietor) Details:-   **(DIN NO. IS APPLICABLE TO DIRECTORS ONLY AND ALL FIELDS ARE MANDATORY )**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sr. No.** | **Name of the Directors/Partners/Proprietor** | **Designation** | **DIN NO.** | **Whether belongs to SC / ST / GENERAL** | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | 6 |  |  |  |  | | 7 |  |  |  |  | | 8 |  |  |  |  |   **( If additional Directors, then enclosed the filled sheet as per above format )** |
| **Part ‘C’**   * Total Turnover of Company last 3 years  |  |  | | --- | --- | | **Year** | **(Rs. In Cr.)** | | 2020-21 |  | | 2019-20 |  | | 2018-19 |  |  * Export Turnover last 3 years  |  |  | | --- | --- | | **Year** | **(Rs. In Cr.)** | | 2020-21 |  | | 2019-20 |  | | 2018-19 |  | |

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| **Part ‘D’**  **i)** **Payment Details:**  **Amount: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(If TDS Deducted then please specify the % of TDS deduction)**  **Amount paid by (Tick the option and fill the details )**   * RTGS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_ * DD No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_   (Demand Draft should be drawn on : **“CHEMEXCIL SBI A/c No 10996680758”)** |

We have read the Council’s Rules & Regulations for participation in exhibitions and hereby agree to accept and abide by the same.

(Signature of authorized signatory of the company)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Seal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Please read the rules of participation in exhibitions of the Council which is attached with Circular.**