

**CHEMEXCIL**

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

4th Floor, Jhansi Castle, 7, Cooperage Road, Mumbai 400001

Tel. No. : +91 22 22021288 /1330 / 22825861 Fax No.: +91 22 22026684

Email:

**APPLICATION FORM FOR VIRTUAL EXHIBITION / BSM**

|  |
| --- |
| ***\* 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.**