

**FORMAT FOR CLAIMING REIMBURSEMENT OF REGISTRATION CHARGES
PAID BY MEMBER-EXPORTERS OF CHEMEXCIL FOR REGISTRATION OF COSMETICS
PRODUCTS ABROAD**

Ref.No.

Date:

1	Name of the firm with full address and contact number	
2.	Name of the contact Official with Tel. No., Mobile No.& Email ID	
3.	IEC No. of the firm	
4.	Whether member of CHEMEXCIL or not? If yes, please mention Membership No.	
5.	Export House/Trading House Certificate No. & Date of issue Valid upto:	
6.	Mention whether <input type="checkbox"/> M MSM LSN <input type="checkbox"/> <input type="checkbox"/> Trader	
7.	FOB value of exports during the last 3 financial year	(Rs. In Crores)
8.	Particulars of the cosmetics products registered by the Exporter i) Name of the Product (as per registration certificate) ii) Country of Registration iii) Date of Registration iv) Financial Year in which the Cosmetic Product was Registered	
9.	Particulars of Registration Certificate procured from Ministry / Govt Registering Authority of Foreign Country	Date of letter/Certificate _____ Certificate No / Ref No _____
10.	Details of fees paid for registration 1. Registration charges	Please refer format

	2. Consultation Charges 3. Data Generation / letter of access cost including study cost, data purchase cost, research on existing data, data evaluation cost, consultancy cost, study monitoring cost, etc.	
11.	Name of the authority who issued the Manufacturing License in India for the subject product. <i>(Attach scanned/Xerox copy of the License)</i> <i>For LSM – SIA certificate / Entrepreneurs Memorandum</i> <i>For SSM / MSM – SSI / MSME Certificate</i> <i>Pollution control Board license / consent letter for both</i>	
12.	Details of registration fees claimed in the Past, if any 1. Year in which Regn. fee claimed. 2. Name of the product 3. Country of Registration 4. Date of receipt of reimbursement 5. Amount Received	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Declaration

I solemnly declare that the particulars given in the above statement are correct. I bound myself and the company accountable and responsible for any incorrect Information given in the above statement and shall immediately refund the amount received on the basis of wrong information provided in the above statement. I certify that the registration charges incurred to us has not been claimed or reimbursed elsewhere.

Signature :

Name :

Designation :

Office Seal :

Countersigned by MD/CEO of the Company:

Name :

Designation :

Office Seal :

Place :

Date :

Format for Point No 8

Sr No	Particulars	Amt paid in foreign currency (Pls specify)	Rate of exchange	Amt paid in (Rs)
1.	Registration charges			
2.	Consultation Charges			
3.	Data Generation / letter of access cost including study cost, data purchase cost, research on existing data, data evaluation cost, consultancy cost, study monitoring cost, etc.			