FORM FOR CLAIMING REIMBURSEMENT OF 50% OF REGISTRATION CHARGES PAID BY THE MANUFACTURER EXPORTERS FOR REGISTRATION OF THEIR SUBSTANCES WITH EU – REACH UNDER MAI SCHEME

Ref. I	No.	Date:					
1	Name of the firm with full address						
2.	Name of Contact Person & designation with Phone/Mobile No. and email ID						
3	IEC No. of the firm						
4	Customer ID (UUID) as per ECHA Invoice						
5	Whether member of CHEMEXCIL or not?						
	If yes, please mention Membership No.						
6	Whether (LSM/ MSM/ SSM/ MICRO SM)						
	(as per ECHA Guidelines –specimen attached)						
7	Status of Membership subscription fees paid for last 3 years	lf paid,	Rece	eipt No.	and Dat	e	
		Receip	t No). D)ate		
	1. 2018-2019 2. 2019-2020	1. 2.					
	3. 2020-2021	3.					
8.	Export House Certificate, if applicable	No. & D Valid up					
9.	FOB value of exports during the last 3 financial year	F.Y.		-	/alue of		
	S infancial year	Exports (Rs. In Crores)					
10.	Datails of the substances registered						
10.	Details of the substances registered by your firm	Sr No		ostance	EC	Submi	ssion
	(Attach details in separate sheet, in case space is not enough)		Na	me	No	No	
11.	Details of Registration fees paid by your firm to ECHA / Lead Registrant/ OR	Please r	efer	format g	iven belo	ow.	

12	Details of manufacturing license issued by the Licensing Authority (in	No.	Date	Issuing authority	
	India) for the substance(to be enclosed)				

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 claim is as per the provisions of the MAI guidelines of the Dept of Commerce, MoC&I and the registration charges incurred to us has not been claimed or reimbursed elsewhere. We further certify that our claims are submitted to CHEMEXCIL within 90 days from the date of registration.

Signature

Name

Designation

Company Seal

Countersigned by MD / CEO of the company:-

Name

Designation

Company Seal

Place

Date

FORMAT FOR POINT NO 11

Sr N o	Susbt ance Name	ECHA Regn. fees paid in Euro as per ECHA Invoic e	Exchang e Rate as per Bank Transacti on copies	(Amt in Rs)	LOA Fees as per LR Invoice or Data fees as per Lab invoice	Rate as per Bank	(Amo unt in Rs)	Consul tancy charge s as per consult ant's invoice	Exc han ge Rat e as per Ban k Tra nsa ctio n copi es	(AmountinRs)
1.										
2.										
Т										
ot										
al										

Definition of MSM/SSM/MicroSM as per ECHA guidelines

Enterprise category	Headcount: annual work unit (AWU)	Annual turnover
Medium-sized	< 250	≤EUR 50 million
Small	< 50	≤ EUR 10 million
