

**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. 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  1. 2017-2018 2. 2018-2019 3. 2019-2020	If paid, Receipt No. and Date <table border="1"> <thead> <tr> <th>Receipt No.</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> </tbody> </table>			Receipt No.	Date	1.		2.		3.					
Receipt No.	Date															
1.																
2.																
3.																
8.	Export House Certificate, if applicable	No. & Date _____ Valid upto _____														
9.	FOB value of exports during the last 3 financial year	(Rs. In Crores)														
10.	Details of the substances registered by your firm  <i>(Attach details in separate sheet, in case space is not enough)</i>	<table border="1"> <thead> <tr> <th>Sr No</th> <th>Substance Name</th> <th>EC No</th> <th>Submission No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Sr No	Substance Name	EC No	Submission No								
Sr No	Substance Name	EC No	Submission No													
11.	Details of Registration fees paid by your firm to ECHA / Lead Registrant/ OR	<b><i>Please refer format given below.</i></b>														
12	Details of manufacturing license issued by the Licensing Authority (in India) for the substance(to be enclosed )	<table border="1"> <thead> <tr> <th>No.</th> <th>Date</th> <th>Issuing authority</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			No.	Date	Issuing authority									
No.	Date	Issuing authority														

## 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.

Signature

Name

Designation

Company Seal

Countersigned by MD / CEO of the company:-

Name

Designation

Company Seal

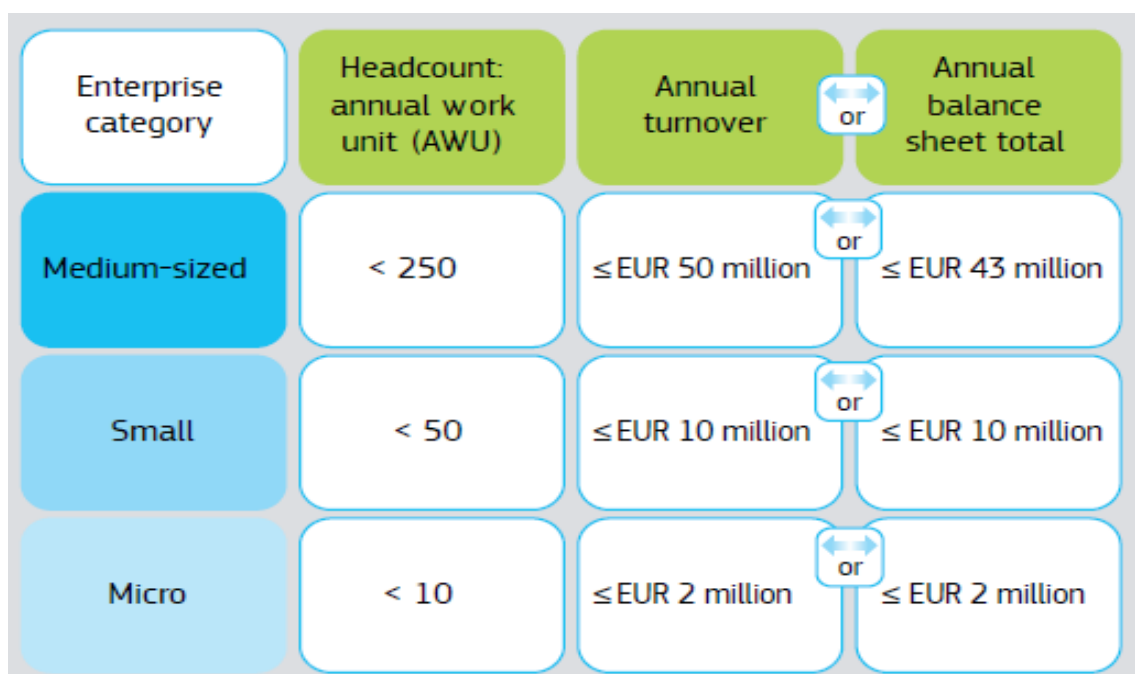
Place

Date

### FORMAT FOR POINT NO 11

Sr No	ECHA Regn. fees paid in Euro as per ECHA Invoice	Exchange Rate as per Bank Transaction copies	(Amt in Rs )	LOA Fees as per LR Invoice or Data fees as per Lab invoice	Exchange Rate as per Bank Transaction copies	(Amount in Rs )	Consultancy charges as per consultant's invoice	Exchange Rate as per Bank Transaction copies	(Amount in Rs )
1.									
2.									
Total									

### Definition of MSM/SSM/MicroSM as per ECHA guidelines



-----