

**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

**Application Form for Exhibition / BSM**

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| --- |
| *\* All Fields are mandatory*Name of the Exhibition : **Buyer Seller Meet in Australia and Malaysia (Oceania Region)**Date: ……. 2023Country : **Australia and Malaysia** |
| **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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 )**1. Passport details of the participants who will attend the exhibition :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr No. | Name of Person  | Passport No. | Designation | Date of Issue | Date of Expiry | Place of Issue | Date of Birth & Nationality |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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 F.Y. 2018-19:

If yes (Tick):- 1st time 2nd time 3rd time More than 4 times 1. Details of your participation in the same financial year under MAI Scheme through CHEMEXCIL

Number of events participated with MAI support during the current year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Name & place of the fair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 ?(Tick) YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_**
5. **GST NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Company Directors Details:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Name of the Director** | **DIN NO.** | **Whether belongs to SC / ST / GENERAL** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**( 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.) |
| 2021-22 |  |
| 2020-21 |  |
| 2019-20 |  |

* **Export Turnover last 3 years**

|  |  |
| --- | --- |
| Year  | (Rs. In Cr.) |
| 2021-22 |  |
| 2020-21 |  |
| 2019-20 |  |

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|  |  |  |
| --- | --- | --- |
| **Part ‘D’**1. **Space requirement :**

|  |  |
| --- | --- |
| **Shell Scheme**: Sq. Mtrs. | **Raw Space**: Sq. Mtrs. |

 **ii)** **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* ALL FIELDS ARE MANADATORY**

**\* PLEASE READ THE RULES OF PARTICIPATION IN EXHIBITIONS OF THE COUNCIL WHICH IS ATTACHED WITH CIRCULAR.**