ANNEXURE -I

## Application for Coir Board External Market Development Assistance for Sales-Cum-Study-Tour/Trade Delegation/Buyer-Seller Meet Abroad

Applicant's Ref. No

Date:

01	Name of the firm with full address			
02	Number and Year of Registration as Exporter with Coir Board			
03	Are you a holder of EH/TH/STH/ SSTH	Yes No		
	Certificate	(If yes, please give details)		
04	Whether Merchant Exporter of Manufacturer Exporter If Manufacturer Exporter, give details of Coir Board Industrial Unit Registration No. and date, SSI Registration.			
		(Rs. in Crores)		
05	FOB value of exports of coir and coir			
	products during past three financial			
	years, year-wise			
06	Name of countries to be visited	<u>Countries Days From To</u>		
07	Particulars of tour	Proposed date of departure from India: -		
		Proposed date of arrival in India: -		
		Fair participation Sales		
08	No. of proposal(s) already submitted in the same financial year	Tour		
		LAC Region :		
		African Region		
00	Name and designation of the parser	Non-Lac Region:		
09	Name and designation of the person going abroad			
10	Whether Women / SC / ST /or			
	from North Eastern Region			

Place:

Date:

## Signature Name & Designation with Seal

## DECLARATION

(To be made in the letter head of the applicant Exporter)

I/We hereby declare that

\*1. I/We have not undertaken any Sales Promotion Tour availing MDA from Coir Board/any other Government Agency.

We have undertaken Sales Promotion Tour to the following countries availing Market Development \*2. Assistance from Coir Board/other agencies as detailed below:

Strike out whichever is not applicable

	Year	Countries visited	From whom Assistance obtained
1.			
2.			
3.			
4.			

Place: Date:

Signature Name & Designation with Seal

## CERTIFICATION BY CHARTERED ACCOUNTANT

We have verified the above declaration with reference to the books of accounts of M/s. ...... and confirm that the above declaration is correct. (Signature and Stamp Seal of the Signatory/ Chartered Accountant) Name of the Signatory: Full address Membership No. :

Place: Date: