

THE NATIONAL SMALL INDUSTRIES CORPORATION LIMITED

APPLICATION FORM FOR RAW MATERIAL ASSISTANCE AGAINST BG

To,

The National Small Industries Corporation Ltd.

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Dear Sir,

I/We desire to avail of the benefits of your Scheme under "Raw Material Assistance (RMA) against BG" as per your terms and conditions, for my/our business enterprise.

I/We certify that the details given in this application are true and correct and no material fact has been concealed or withheld.

I/We agree to abide by the terms and conditions of your above scheme including the amendments thereto made from time to time.

In case any information / details furnished by me / us found to be incorrect, I / we shall liable for the consequences and damages to the Corporation.

Yours faithfully

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Signature with Official Stamp of
Authorized Signatory

Name of the Signatory.....

(In Capital Letters)

Designation of the Signatory.....

Units name and address.....

Residential Address of the Signatory:

.....

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Telephone.....Fax:.....

Date:.....

Place :.....

NOTE:

1. The application completed in Block Letters should be submitted in duplicate along with a covering letter on unit's letter head.

2. No field / column in the application form is to be left blank.

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Enter GST Number of Applicant :

1. Name of the applicant unit :
2. Amount of assistance sought (Rs.) :
3. Particulars of the applicant unit

Constitution	Year of Establishment	Address & Tel. No.	
		Factory	Regd. Office

4. SSI Registration / EM Part I / II No. _____ date _____
Valid up to..... .
5. No. & date of Sales Tax / VAT Registration :
CST _____ LST _____ VAT _____ TIN _____
6. Details of PAN: _____
7. Names, addresses, Telephone No. of Bankers & Accounts No(s) of Applicant unit

Name of bank	Address	Account No.	Telephone No.

8. Whether unit is located in a backward Area/ Hilly Region (Please Tick Mark) : Backward/Hilly Region/None
9. Tick Mark: Whether unit belongs to SC/ST/ Women entrepreneur/Physically Handicapped/Ex- Servicemen/Technocrat.
10. Name & addresses of Sister / Associate / Group Account Concerns:

Name of the unit	Address	Names of common Proprietor / Partners/ Directors

11. Particulars of Proprietor / Partners/Directors#:

Name	Father's/ Husband's name	Address	Age	Qualification	Business Exp. (yrs)	Telephone & Mobile No.	E-mail Address	Net Worth (Rs.in lacs)

Details of all Partners / Directors are to be given.
(Use separate sheet if required)

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12. Line of Activity:

Nature of Project	Name of Products being manufactured

13. Annual Requirement of Raw Materials:

Name of the Material	Name of the Manufacturer / Supplier	Quantity	Value (Rs.)

14. A. Particulars of financial assistance already received or likely to be received from Banks/FI's:

Name of Financial Institutions & Banks	Amount of assistance	Reference No. and date of sanction letter	Repayment position	Amount of default/ Overdues, if any

14. B1. Have you (including any of your sister / associate concern) availed / availing assistance from any of NSIC offices under RMA against BG / Bill Discounting:-

B2. If yes, give complete details.

Name of NSIC office	Name of unit (with address in case of sister concern)	Scheme under which assistance availed /availing	Sanctioned limit	Date of sanction	Present status w.r.t. outstanding dues.

15. Details of Security proposed:

a) Bank Guarantee

S. No	Value of the BG proposed (Rs.)	Name of the bank issuing BG	Address & telephone No. of the Bank

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b) Details of Personal Guarantees:

Name & Addresses of Guarantors	Net worth / Means (Rs.)

16. Employment generated by the unit (Total nos. of person)

Existing Employment	Additional Employment	Total

17. Any other information:

Declaration
I _____, s/o _____ being authorized signatory of M/s _____ hereby certify that the details given in this application are true and correct and no material fact has been concealed or withheld. In case any information / details furnished by me found to be incorrect, I shall be liable for the consequences and damages to the Corporation.
Place : _____
Date : _____
Signature of Authorized Person With official stamp

DOCUMENTS TO BE ENCLOSED WITH APPLICATION FORM

1. A passport size photograph of each of the Proprietor / Directors / Partners / Society office bearers.
2. Self-attested photocopy of :
 - (i) Valid SSI registration certificate / EM Part –I / II,
 - (ii) Sales Tax / VAT Registration Certificate,
 - (iii) PAN Card of the Firm / Proprietor (in case of Proprietorship concern).
3. Self attested statement of personal assets and liabilities along with the residential address of Proprietor/Directors/Partners.
4. Copy of Memorandum & Articles of Association along with list of Directors in case of Pvt. Ltd. / Ltd. Co.

OR

Copy of Partnership Deed duly notarized in case of Partnership concern.

OR

A copy of Bye Laws & charter of society along with a list of governing body / executive members in case of society.

5. A copy of Board Resolution in case of Pvt./Public Ltd. Co., Power of Attorney in case of partnership firm & a Governing Body Resolution in case of Society authorizing the signatory to sign and to deal with NSIC in respect of financial assistance required, for and on behalf of the applicant unit.
6. Specimen signatures of authorized signatory attested by bank.
7. Copy of sanction letter for credit limit sanctioned by the FIs/ banks other than the bank who issued Bank Guarantee.
8. Audited/Provisional financial statements of the unit:
 - i) Last year Audited financial statements.
 - ii) Provisional current year financial statements.
 - iii) For startup MSME unit- Projected financial statements duly certified by its Auditors or Chartered accountants

DOCUMENTS REQUIRED FOR RENEWAL OF CASES

1. Request of the unit.
2. List of Directors/Partners/Office bearers of Society, if changed, with respect to earlier declaration along-with Form 32 filed with ROC.
3. Audited/Provisional financial statements of the unit:
 - i) Last year Audited financial statements.
 - ii) Provisional current year financial statements.