



Government of India

**Annexure-K**



**Claim Form for Sub-Component-II: Capacity Building for First Time MSE Exporter**

Enterprise Details	
Unit Name	
Date of Incorporation	
UAM Number	
Office Address	
District	
Pin-Code	
Telephone Number	
Email ID	
Category (Micro/Small)	
Name of Promoter(s)	
Gender (Male/Female/Other)	
GST Number	
PAN Card Number	
Cost of Investment in Plant & Machinery or equipment's (in Rs.)	
Range of Products manufactured or serviced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account Number *	
Name of the Bank	
Branch	
IFSC Code	

\* Reimbursement of RCMC amount will transfer in this account

I/We \_\_\_\_\_ hereby declare that all above information is correct and true to the best of our knowledge.

**Signature of the authorised signatory**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Stamp of the Applicant Company/Firm

Date: \_\_\_\_\_

Place: \_\_\_\_\_