**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 |  |
| 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: \_\_\_\_\_\_\_\_\_\_