



**MARKET ACCESS SUPPORT PROGRAMME**

**APPLICATION FORM**

**(Information Furnished herewith will be kept confidential and use only for evaluation purposes)**

**Please, read the programme guidelines carefully prior to filling the application**

A. Please, mark '✓' in relevant cage to indicate under what category you would apply for the assistance.  
Name the activity for assistance would required.

Category 1

Category 2

B. Type of activity/ s the assistance is required.

3.1

3.2

**1.0 Details of Applicant/ Company**

1.1 Name of the  
Applicant/Company : \_\_\_\_\_

1.2 Name of CEO/  
Owner / Directors/  
Partners : \_\_\_\_\_  
\_\_\_\_\_

1.3 Contact Person &  
Designation : \_\_\_\_\_

1.4 Contact details  
Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

Location of Factory/s : \_\_\_\_\_

1.5 EDB Registration No : \_\_\_\_\_  
(if any)

1.6 Business Registration No : \_\_\_\_\_

1.7 Date of Incorporation : \_\_\_\_\_

1.8 Date of Commencement of Exports (if any) : \_\_\_\_\_

1.9 Type of Business : (Please tick the relevant cage)

Manufacturer       Manufacturer/Exporter       Exporter

Sub-Contractor       Agent       Other(Please specify)

1.10 Legal Status : (Please tick the relevant cage)

Sole Proprietor       Partnership       Private Ltd.

Public Ltd.       Foreign Collaboration       Other (please specify)

Cooperative

1.11 Name of the Parent Company : \_\_\_\_\_  
(If applicable)

1.12 Name/s of subsidiary Company/ies: \_\_\_\_\_  
(if any) \_\_\_\_\_

1.13 Ownership (Equity) :      Local: \_\_\_\_\_%      Foreign: \_\_\_\_\_%  
(As at last balance sheet date)  
(If a foreign collaboration, please submit the Auditor's Certificate to confirm the share ownership.)

1.14 Number of employees :      Managerial level : ---      Technical level : -----      Other : ---  
at present

1.15 Present product range : \_\_\_\_\_  
or service to market \_\_\_\_\_

1.16 Current export market : \_\_\_\_\_

1.17 Present marketing arrangement (Local, Sub contract & Export) :  
(if any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.18 Sales Turnover (for last 3 years) :

Year	Export Sales Turnover (Rs. Mn.)		Local Sales Turnover (Rs. Mn.)	Total Sales Turnover (both local and export sales) (Rs. Mn.)
	Direct Export	Indirect Export		

1.19 Production capacity (last year): Year :

Product/s	Annual capacity - Volume (indicate the unit of measurement)	Capacity utilized - Volume (indicate the unit of measurement)		Extra capacity - Volume (indicate the unit of measurement)
		Local	Export	

1.20 Investment in fixed assets as per the last balance sheet date :

Description	Amount (Rs. Mn.)
Land and Building	
Plant, Machinery & equipment	
Other fixed assets	
<b>Total</b>	

**2.0 Information related to Assistance Required (As per the 3.1 or 3.2 of the programme guideline)**(Brief description of the project/ Assistance required)

(Please, attach detail project report and documents as described under item 5(a) in the assistance scheme and guideline)

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(Please, use separate sheet if space is not sufficient)

2.1 (i) Assistance to be required under proposed programme (Rs.Mn) : \_\_\_\_\_

(ii) Source of financing of balance funding for the proposed project (Rs.Mn.) :

Source	Amount (Rs.Mn.)

**3.0 EDB Assistance received by the applicant company (if any):**

(Under this scheme or any other EDB assistance schemes during the last 3 years period and the current year)

Year	Type of the programme/Activity of assistance received	Amount of assistance received (Rs.)

(Please, use separate sheet if necessary.)

3.1 Have you applied for assistance for this kind of project from any other government organization?

(Please tick the relevant cage)

Yes

No

If yes, current status

Amount Rs. Mn	Organization	Present Status*

\*Please, indicate whether assistance is processing/ received/ rejected.

3.2 Do you have any outstanding loan payments to be made to the EDB. (Please tick the relevant cage)

Yes

No

If yes, please give the details

Loan amount outstanding as at the date of application(Rs.)	Type of assistance received	Year of assistance received

I/We hereby certify that the above information furnished in this application is true and correct.

\_\_\_\_\_  
Name & Designation  
For and on behalf of applicant  
Company

\_\_\_\_\_  
Signature with company seal

\_\_\_\_\_  
Date

(For official use only)

( 02/05/2018)