

THE NATIONAL SMALL INDUSTRIES CORPORATION LIMITED

APPLICATION FORM FOR ASSISTANCE FOR BILL DISCOUNTING AGAINST BG
(For Purchaser/Seller)

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 "**Bill Discounting Assistance 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 have understood and agree to abide by the terms and condition of your above scheme(s) 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 be liable for the consequences and damages to the Corporation.

Yours faithfully

()

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 complete application should be submitted in duplicate by the borrower, one copy of which will be returned for giving acknowledgement of receipt of application form.**
- 2. No field / column in the application form is to be left blank.**

APPLICATION FORM FOR BILL DISCOUNTING ASSISTANCE AGAINST BG

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 (A) **Udyog Aadhar No.** _____ **date** _____
(B) **Loyalty Card No.:** _____ **date of issue** _____

5. **GST Registration Number with date** :

6. **Permanent Account Number** : :

7. **ITR e-filing acknowledgement No.** _____ **A/Y** _____
(For the latest three years)

8. **Details about the Selling MSMEs (Applicable if limit is applied by Purchaser):**

Sl. No.	Name & Address of the unit	Constitution	UAM No. and Date of Issue

9 **Names, Addresses, Telephone No. of Bankers & Accounts No(s) of Applicant unit**

Name of bank	Address	Account No.	Telephone No.

10. **Whether unit is located in a backward Area/ Hilly Region (Please Tick Mark)** : Backward/Hilly Region/None

11. **Tick Mark: Whether unit belongs to SC/ST/ Women entrepreneur/ Physically Handicapped/ Ex-Servicemen/Technocrat.**

12 Name & addresses of Sister / Associate / Group Account Concerns:

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

13 Particulars of Proprietor / Partners/Directors

Name	Father's / Husband's name	Address	Age	Qualification	Business Exp. (Yrs)	PAN No.	Aadhar No.	Contact nos.	E-mail Address	Net Worth (Rs. In Lakh)	Internet Protocol (IP) address of ITR filed	e-filing acknowledgement No. for last ITR filed

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

14 Line of Activity:

Nature of Project	Name of Products being manufactured/manufacturing

15 Particulars of financial assistance already received or applied for Banks/FI's:

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

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

B2. If yes, give complete details.

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

16 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

b) Details of Personal Guarantees:

Name & Addresses of Guarantors	Net worth (Rs.)	e-filing acknowledgement No for last ITR filed

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

Existing Employment (Nos)	Additional Employment (if any)	Total

18 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**