



## FINANCIAL SERVICES MANUAL- 01

F:FSC:BD:01

### 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.

.....  
.....

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:

.....

.....

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.**



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### 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	Factory	Address & Tel. No. Regd. Office

4 (A) Udyog Aadhar /Udyam Registration 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



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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 acknowledgment 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



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

B2. If yes, give complete details.

Name of NSIC Branch Office/ NTSC	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:



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### 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**

**Note:** For checklist of documents to be enclosed with application form, kindly refer checklist of Raw material assistance scheme..