



SPICES BOARD
Ministry of Commerce & Industry
Government of India
Sugandha Bhavan
COCHIN 682 025

mail: marketing.schemes-sb@gov.in , dm.sb-ker@gov.in

FORM NO.MKT-SB/ID-FSQA

Export Development And Promotion Of Spices

“Implementation Of Food Safety And Quality Assurance Mechanisms/
Certifications”

Application For Availing Financial Assistance

Part I - General Information

| | | |
|----|---|--|
| 1. | Spices Board Registration No: | |
| 2. | Import Export Code (IEC) | |
| 3. | Name of the Organization/Company (As per CRES) | |
| 4. | Ownership | Proprietorship / LLP/Partnership/Pvt Ltd/Public Ltd/Co-Op-Society/FPOs/HUF |
| 5. | Status of exporter | MSME / Non MSME Star Export House |
| 6. | Ownership category | SC/ST/General Woman enterprises |
| 7. | Full address with contact details of the Name & designation of official concerned | Name: Designation: Address: PIN: Tel (with STD Code) : Email ID : Mobile Number: Website: |

| | | |
|----|---|--|
| 8. | Category of exporter | Merchant/Manufacturer |
| 9. | Bank Account Details: | |
| | 1) Name of the Bank | |
| | 2) Account holders' name | |
| | 3) Current Account No. | |
| | 4) IFSC No. | |
| | 5) Place of Branch | |
| 10 | Major spices items of exports | |
| 11 | Whether the firm is submitting the Quarterly export returns regularly | Yes / No (Pending returns, if any shall be submitted online, prior to submission of scheme application) |

**Part II – Implementation Of Food Safety And Quality Assurance Mechanisms/
Certifications**

| | | |
|---|---|--|
| 1 | Category of exporter (please tick) | FPO NE region (including Sikkim & Darjeeling region) Himalayan States State Notified ITDP areas and Islands (Union Territories of Andaman & Nicobar and Lakshadweep) Other |
| 2 | Activity for which assistance is sought for | Name of Certification: Certificate / Regn Number: Date of issue: Valid till: Type (new/renewal) Charges/Fee paid(Rs.): |
| 3 | Justification / Proposed | |

| | | |
|---|---|--|
| | benefits of the activity for which assistance is sought | Add separate sheet |
| 4 | Details of Certification | |
| | a) Certifying agency / with full address | |
| | b) Name and address of the facility (ies) obtaining certification | |
| 5 | Name, Designation & educational qualifications of the official responsible for implementation of the certification requirements | Name: Designation: Qualification: Date of joining the firm : Total period of experience: |
| 6 | Anticipated date of completion of the activity for which assistance is sought for | |
| 7 | Enclosures | 1) Quotation 2) Details & copy of old certification , in case of renewal 3) Others |

DECLARATION

I / We hereby declare that the above details are true and correct to the best of my / our knowledge and belief.

I / We hereby declare that, I /We have carefully gone through the scheme for Implementation of Food Safety And Quality Assurance Mechanisms/ Certifications and agree to abide by, all the terms and conditions contained therein and, subsequent requirements that might be stipulated by the Board, if any.

I/We hereby agree to complete the work within the stipulated time. I/We fully understand that if the information furnished above is found to be false, at any time, the Board reserves the right to take appropriate action against us and also debar us from availing any assistance from the Board in future.

If found guilty, I/We undertake to repay to the Spices Board the entire amount of assistance received in pursuance of this application, with interest at such rate as fixed by the Board, upon demand.

Place:

Signature:

Date:

Name & Designation of the authorized signatory :