

^df" k fu; kZ {s=ka ead f" k mRi knk dsfu; kZ grqifjogu Q ; dh iZri frZ\*\* ; k uk dsekxZ' kZfunZk

1- ; k uk ds mnas ; %

e/; iZsk ys Mykd jkT; gks l siZsk dh l Hh l hek, ac h j x kg l snjv gS, oafu; kZ dks vius mRi kn chj x kg rd yst kus grqvU; jkT; k dh ryuk eavf/kd ifjogu Q ; djuk iMk gSft l l smudsmRi knk dh dher vi\$kd r vf/kd gk t krh gSA [kk| iZ d j . k m | k k dh LFki uk dks c<ok fn; st kus grqfo' k k : i l s df" k fu; kZ {s=ka ead LFki r m | k k ds iZ d r mRi knk dks fons' h ckt kj mi yC' k dj kus dh nf" V l s ; k uk i k j k dh t k j gh gSA

2- ; k uk dk dk, Zs= %

iZsk eavueknr fd; sx; si k p , xh , Dl i k WZt ku ds vUr xZ fplgr ft yk dks ; k uk vUr xZ ' k fey fd; k x; k gSA i k p , xh , Dl i k WZt ku , oaml eafplgr dh xbZ Q l yk dh t kud kj h i f j ' k V 1 i j gSA

3- ukMy , t a h %

e/; iZsk jkT; df" k m | k fodkl fuxe] ; k uk ds l pkyu ds fy; su k My , t a h j g x h A

4- l gk rk dh i k r k , oaLo: i %

1- mnas ; k dh i fr Z ds fy; s df" k mRi knk i j vk/ k j r iZ d j . k bdk bZ kat ksf d iZ d r mRi knk dks fu; kZ dj j gh gS, oaiZ d r df" k mRi knk ds fu; kZ d foHkxh, l gk rk ds i k g k x a A

2- mij k Dr ku d j fu; kZ d iZ d j . k bdk bZ k a r Fk fu; kZ d k } j k fd; sx; sfu; kZ l sl a f / k r n L r k o t t \$ sfu; kZ v k n s k y v j v k d m v | b l o b l d k i h i f j o g u l s l a f / k r n L r k o t v k n f u / k j r i z = e a i Z r q d j u s i j i Z d j . k bdk bZ l s chj x kg rd fd; sx; si f j o g u Q ; dk 50 i f r ' k r v f / k d r e j k ' k : - 1 | 0 0 0 @ & i f r V u d h n j l s f o R r h , l g k r k d s : i e a f o H k x l s i k r d j l d x a A

5- l gk rk i k r d j u s d h i f d z k %

1- iZ d j . k bdk bZ k , oafu; kZ d k d s j k T ; dh uk My , t a h ds l k Fk i t h d j . k d j k u k v k o ' ; d g k x k A

2- ifjogu Q ; dh i Z r i f r Z g r q b d k b Z d k s f u / k j r i k i e a v k o n u 1 / 4 f j f ' k V & 2 1 / 2

ifjogu Q ; dh i Z r i f r Z d k D y e i = d 1 / 4 f j f ' k V & 3 1 / 2 f u ; kZ , oaml l s l a f / k r j k ' k d h i k r d s f y ; s c d } j k t k j h i e k k i = 1 / 4 f j f ' k V & 4 1 / 2 j k T ; uk My , t a h d k s f u ; kZ f n u k d l s , d e l g d h v o f / k d s v l h j i Z r q d j s x h A f u / k j r v o f / k

dsckn eafd; sx; svlonuakij fopkj ughfd; k t k l dsxkA ; kt uk vUrxZ l ffefyr fd; sx; snšk , i hMk }kj k t kj h l ph  
¼ fjf' k'V & 5½ ds vuq kj gksxA vlonu dsl kFk vk; krd dk i z k k i = ¼ fjf' k'V & 6½, oaukMy , t a h dskj k' k : - 50 ds  
LVKEi iij ij bl vk'k; dk ckM ¼ fjf' k'V & 7½ fd ml ds }kj k i Zrŕ dh xbZt kudkj h l R; , oal gh gS\*\* i Zrŕ djuk  
vlo'; d gkskA

3- ukMy , t a h i k r vlonuakij h k k dj viuh vuq k k dsl kFk l pkyd m | kfudh , oai z k = okfudh ds vlonu  
i Zrŕ djsxh rFk i Zrko dh Lohdfr dsmij k l gk; rk j k' k l a / k r fu; kZ d ds Hx rku dj l dsxA

4- ukMy , t a h o "Z e a n s c k j | i E k o " k Z k dsl kFk rFk f } r h; e l g v D V w j e a | i z s k l s f d ; s t k u s o k y s l k k f o r  
fu; kZ dsl a k e a t k u d k j h i f' k r d j f u ; kZ d l a d s n h t k u s o k y h l g k ; r k j k' k d h x . k u k d j f o H k x / ; { k d s i Z r k o i f' k r  
d j s x h r F k i Z r k o d s i j h k k d s m i j k r f o H k x / ; { k u k M y , t a h d s l g k ; r k j k' k v f x e d s : i e a m i y O / k d j k l d s x A

6- vuqJo.k , oafujh k k %

1- ; kt uk dk i z f r i f r o n u f u / k Z r i k i ¼ y X u i f j f' k'V d e k d 8 , o a 9 ½ e a u k M y , t a h } k j k i Z r d e l g d h i k p  
r k j h [ k r d f o H k x d s i f' k r d j u k g k s k A

2- ukMy , t a h } k j k i z s k d s f u ; kZ d l a } k j k f d ; s x ; s f u ; kZ d h t k u d k j h d s l a k f j r d j f o H k x d s i Z r ŕ d j u k  
g k s k A

3- ; kt uk vUrxZ fd; sx; sQ ; dk y s [ k k f o f / k v u q k j l a k f j r f d ; k t k o s k A

4- ukMy , t a h d s i Z r k o e a ; k t u k d s m n n s ; k a d h i f r Z g r q f d ; s x ; s d k ; kZ d k v u q J o . k f o H k x @ f o H k x / ; { k v F l o k  
m u d s } k j k u e k f d r v f / k d k j h } k j k f d ; k t k l d s x A

¼ l - i h , l - i f j g k j ½  
l f p o  
e - i z ' k k l u |  
m | k f u d h , o a [ k k | i z a d j . k f o H k x

ifj'kV&1

, xh , Dl iWZt ku vUrxZ fpfUgr ft ys, oaQl ya

, xh , Dl iWZt ku vUrxZ  
fpfUgr Ql ya

p; fur ft ys

vkywI; kt , oaygl q bUhlS] /kj] mTt S] nokl ] eUhl S] uep] jryke , oa  
'kt ki g]

l hM Li bZ & /fu; k eFh mTt S] eUhl S] uep] jryke] 'kt ki g] jkt x<+, oaxqk

xgW4kjcrh , oaM; ye1/2 bUhlS] /kj] mTt S] nokl ] eUhl S] uep] jryke] 'kt ki g]  
xqk Hki ky] l hgs] fofn'W jk l s] gskakcn] gjnk , oa  
ujfl gi g]

nkyae1/2el yw , oapuk 1/2 xqk fofn'W jk l s] ujfl gi g] f'koigh , oafNthokMk

l arjk gskakcn] cfw , oafNthokMk

ifj'kB 2

**APPLICATION FOR TRANSPORT ASSISTANCE**

For the Fortnight ending ..... to .....(year)

- 1) a) Name : .....
- Address: .....
- City: .....Pincode: .....
- b) APEDA Registration No.....Registration Date.....
- 2) a) Total amount of transport assistance claimed .....
- b) Transport assistance already received .....
- c) Claims pending
  - i) Fortnights .....
  - ii) Date of submission .....
  - iii) Office where submitted .....
- 3) **For Murchant Exporters**
  - a) Name of the Bank and the address.....
  - b)Your term loan A/c number.....
  - c) Current A/c no. in which foreign exchange earnings are credited.....
- 4) **For Manufacturers/Processors**
  - a) Name of the Bank and the address.....
  - b) Current A/c no. in which foreign exchange earnings are credited.....

**Declaration**

- 1. The full text of the scheme under which this request for assistance is made available to me /us and I/we have read and understood the same. I am/ we are familiar with the procedures and terms and conditions of grant as set out in the scheme and understand and accept that these are binding on me / us.
- 2. I / we declare that the particulars stated above and in the annexure are correct and nothing has been withheld or concealed.
- 3. In case any portion of the goods is re-imported, the same would be brought to the notice of Nodal Agency (M.P.State Agro Industries Development Corporation Ltd.) and the amount of Transport Assistance received in respect to such items would be immediately refunded.

Authorised Signatory  
Place: Name (Block Letters)  
Date: (Designation with seal of company)

ifj'kB 3

**SUMMARY OF SHIPMENT AND CLAIM FOR TRANSPORT ASSISTANCE**

S.No.	Invoice No	Transportor's Bill & Builty No	<i>Transport assistance claimed</i>	<i>No of Pages</i>

(Signature of the applicant)

Note:

Each shipping claim should be enclosed in sequence, page numbering should be done and page number of documents of the start of each shipping bill and end of the shipping bill may be indicated for facilitating processing.

ifj'kB 4

**BANK CERTIFICATE OF EXPORT AND REALISATION**

FORM NO.1

To \_\_\_\_\_ (Name and address of Licensing Authority) We \_\_\_\_\_ (Name and address of the Exporters) hereby declare that we have forwarded a documentary export Bill to \_\_\_\_\_ (Name and address of the bank i.e., Branch and City ) for collection/negotiation/purchase as per particulars given hereunder.

<b>Invoice</b>		Export promotion copy of Shipping Bill duly authenticated by the Customs		Description of goods as given in the customs authenticated Shipping bill	Bill of Lading/PP/Receipt Airways Bill	Destination of goods Country name	Bill amount CIF/C&F/FOB (In foreign exchange)
No	Date	No	Date		No	Date	
1	2	3	4	5	6	7	8

<i>Freight amount as per Bill of Lading/ Freight memo</i>	<i>Insurance amount as per insurance Company's Bill/Receipt</i>	<i>Total amount being claimed</i>	<i>Whether the export is in freely convertible currency or in Indian Rupees</i>	<i>FOB value/FOB value actually realised in free Foreign Exchange / Rupees</i>	<i>Date of realisation of export proceeds</i>	<i>GRI/PP/SDF form</i>	<i>No. date &amp; category of applicable license</i>
10	11	12	13	14	15	16	17

We further declare that the aforesaid particulars are correct. (Copies of invoices relevant to these exports and Customs attested EP. Copy of relevant Shipping Bill is attached for verification by the bank).

Exporter's Name in block Letters :.....

Place: ..... Designation: .....

Full official Address :

Full Residential Address:

Signature of the: ..... (Seal/stamp address)

Authorized Foreign Exchange Dealer

Code No. Allotted to the Bank by RBI \_\_\_\_\_

Ref No. Dated  
Place

### Bank's Certificate

1. This is to certify that we have verified the relevant Export Invoices, Customs attested E.P. Copy of Shipping Bill and other relevant documents of M/s. \_\_\_\_\_ . We further certify that the particulars given in Co. 1 to 17 have been verified the F.O.B. value mentioned in Col 14 above with reference to following documents: -
  - (i) Bill of Lading/PP receipt /Airways Bill
  - (ii) Insurance policy/Cover/Insurance Receipt
2. We have also verified that the date of the connected mate receipt as indicated in the relevant Shipping Bill is \_\_\_\_\_ (date to be given).
3. We have also verified that the date of Export is \_\_\_\_\_  
(Applicable only in respect of Exports by Air)
4. This is to certify that we have certified the amount of the Commission paid/.payable, as declared above, by the export i.e. \_\_\_\_\_ (in figures and words) with G.R. Forms and found to be corrected  
\_\_\_\_\_

(Signature of the Bankers)  
Full address of the Bankers  
Branch and City  
Official Stamp.

Note:

1. Bank can issue a consolidated certificate (consignment wise) for more than one consignment)
2. FOB actually realised and date of realisation of export proceeds are to be given in all cases except where consignment has been sent against conformed irrevocable letter of credit
3. This shall be required wherever specifically prescribed in the Policy/procedure.

## Annexure B 5 (Destinations as per APEDA circular and individual countries belonging to them)

### **Middle East Countries**

Afghanistan, Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, UAE, Yemen

### **South East Asia**

Brunei, Indonesia, Malaysia, Singapore, Thailand, Vietnam, Cambodia, Laos, Philippines

### **Europe**

Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Macedonia, Malta, Netherlands, Norway, Poland, Portugal, Romania, Serbia and Montenegro (*Yugoslavia*), Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, United Kingdom

### **Africa**

Algeria, Angola, Benin, Botswana, Burkina, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Congo (*Zaire*), Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe

### **North America**

Canada, USA, Mexico

### **Central America & Caribbean**

West Indies, Cuba, Costa Rica, Guatemala, Honduras, El Salvador, Belize, Panama

### **South America**

Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, French Guyana, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela.

### **North East & North Asia**

China, Hong Kong, Japan, South Korea, North Korea, Taiwan

### **CIS Countries**

Uzbekistan, Ukraine, Turkmenistan, Tajikistan, Russia, Moldova, Kyrgyzstan, Kazakhstan, Georgia, Belarus, Azerbaijan, Armenia

### **Neighbouring Countries**

Bangladesh, Bhutan, Maldives, Nepal, Pakistan, Sri Lanka, Myanmar

### **Australia, New Zealand and Pacific**

Australia, New Zealand, Papua & New Guinea, Fiji

ifj' kB 6

**CERTIFICATE TO BE ISSUED ON LETTERHEAD OF IMPORTER**

To  
The Managing Director  
M.P.State Agro Industries Devp.Corpo. Ltd.  
3 rd Floor, Panchanan Bhawan,  
Malviya Nagar, Bhopal

This is to certify that we have paid the freight amounting to USD .....  
(USD in words) towards import of ..... (kgs) of ..... (Name of  
product) from India against the invoice of ..... (Name  
of shipping company) bearing number ..... dated .....

The certified true copy of that is enclosed herewith. The details of the said amount paid is  
as follows:

Name of Exporter	Shipping Bill Number	Product	Gross Weight	Freight USD	Allocated
				-----	
Total Rs.-----				-----	

Further certify that the above information is true and correct as per our account and  
documents available with us.

For (Name of Importer)  
(Name of Signatory)  
Designation Stamp & Seal of Importer

ifj'kB 7

## **BOND TO BE SUBMITTED IN CASE OF TRANSPORT ASSISTANCE**

Bond made this ..... day of ..... year in favour of M.P.State Agro Industries Development Corporation Ltd a state government undertaking having its registered office at Third Floor, Panchanan Bhawan , malviya Nagar Bhopal (herein after referred to as 'M.P.Agro' which expression shall, unless repugnant to the context include its successors and assigns of the one Part)

By

**INDIVIDUAL \***

Shri..... son of Shri..... resident of ..... (herein after called the beneficiary, which expression shall, unless repugnant to the context include his heirs, legal representatives executors, administrators, successors and assigns.)

**SOLE PROPRIETOR \***

Shri..... sole proprietor of M/s ..... having place of business at ..... (herein after called the beneficiary, which expression shall, unless repugnant to the context include his heirs , legal representatives executors, administrators, successors and assigns.)

**PARTNERSHIP FIRM \***

M/s ....., a Partnership firm duly registered under the Indian Partnership Act,1932 having its place of business at ..... through its registered partners Shri/Smt..... (herein after called the beneficiary, which expression shall, unless repugnant to the context include all the partners of the firm and their heirs ,legal representatives executors, administrators, successors and assigns.)

**COMPANY \***

M/s ....., a Company duly registered under the Companies Act,1956 having its registered office at ..... (herein after called the beneficiary, which expression shall, unless repugnant to the context include its successors and assigns.) of the other part.

- Strike off which ever is not applicable

WHEREAS M.P.Agro has evolved and announced a scheme known as **TRANSPORT ASSISTANCE**

**SCHEME** (hereinafter called 'The Scheme') on such terms and limitations as contained in the scheme.

AND WHEREAS the beneficiary has registered himself/ itself for availing the benefits under the scheme as per the relevant norms/ conditions and eligibility criteria therefore.

AND

**WHEREAS under the scheme, M.P.Agro provides Transport Assistance to exporters of eligible products as mentioned in scheme**

AND

WHEREAS the Beneficiary has exported the eligible products out of India by Sea/ Air the price of which was negotiated on FOB value. And the exporter has suffered loss on account of lower FOB price to the extent of additional freight cost incurred by exporter from processing unit to Sea/Air Port

AND

WHEREAS in terms of the scheme M.P.Agro has agreed to reimburse the loss suffered as aforesaid to the extent eligible under the scheme , subject to the Beneficiary executing necessary bond valid for a period of three years assuring and ensuring validity and authenticity of documents and declarations

furnished by the beneficiary.

**NOW THEREFORE, THIS BOND WITNESSETH AS FOLLOWS:**

*In consideration of this assistance of Rs.....(Rupees....only) by M.P.Agro towards expenditure incurred towards freight charges for export of eligible products, the*

*beneficiary agree and undertake to be bound by the terms of this bond hereinafter appearing It is the terms of this bond that:*

1.1 The copy of the Invoice/Bill raised by shipping company on Importer mentioning the Shipping Bill number/Airway Bill number/Bill of Lading Number for freight on said export consignment as submitted by the beneficiary along with the application is duly authenticated by the Importer.  
1.2 The Importer's Certificate as submitted by Beneficiary along with the application is in original as received from the Importer and is in the prescribed format and is not contrary to facts and/ or misleading.

1.3 The Chartered Accountant certificate certifying the items exported with HS Code and Co-relating it with shipping bills/ Bill of Lading/Invoice as submitted by the Beneficiary is not contrary to facts and/ or misleading.

1.4 The Beneficiary shall comply with any term or condition that may be imposed from time to time by APEDA to ensure/to achieve the objectives of the Scheme, and on such condition, being imposed on the beneficiary by notice in writing, the same shall be binding on the beneficiary.

1.5 The Beneficiary shall not violate any of the terms of this Bond on the Scheme during a period of three years from the date of execution of this Bond.

2 In case of breach of any of the terms of this Bond, or the terms that may be imposed by APEDA from time to time as aforesaid and/or the terms of the scheme, or in the event of false claims/declarations being lodged, intending/attempting/succeeding in drawing subsidy without entitlement, The Managing Director, M.P.Agro shall be at liberty to recover the full amount of assistance together with interest thereon @ 12% p.a, and he shall be at liberty to take any Civil and Penal action as may be advised including cancellation of the registration cum membership certificate of the beneficiary with M.P.Agro, blacklisting of the beneficiary as an exporter by public notice or otherwise, and to informing the same to the Financial Institutions, Banks, and the Director General Foreign Trade.

3 If any dispute or differences arises between M.P.Agro and the beneficiary in connection with, arising out of or touching the terms of this bond, and/ or the scheme or in relation to the interpretation of the terms thereof, the same shall be referred to the Sole Arbitration of the Managing Director, M.P.Agro, or at his discretion, to an officer appointed by him, and the decision of the Sole Arbitrator shall be final and binding on M.P.Agro and the beneficiary. The Provisions of Arbitration Act, 1940 shall be applicable to such Arbitration, and venue shall be Bhopal.

4 Subject to Clause 3 above the jurisdiction to deal with the disputes, claims and rights of the parties, as agreed to be confined to the courts in Delhi only, and no other court shall have jurisdiction to entertain the same.

IN WITNESS WHEREOF the Beneficiary has executed this Bond in ..... (Place) on the day, month and year first above written.SIGNED, SEALED AND EXEDUTED

By the above described M/s -----Through-----In the presence of following witness

1) Signature

Name

Address

2) Signature

Name

Address

3) Signature

Name

Address