

“FORM FA
CONSOLIDATED APPLICATION FORM for
(See proviso to sub-rule (1) of rule 17)

Sr. No	Particulars
1.	Setting up of units in Special Economic Zone;
2.	Allotment of Importer Exporter Code Number;
3.	Allotment of land/industrial sheds/Office Space in the Special Economic Zone;
4.	Registration-Cum-Membership Certificate;
5.	GST/Sales Tax registration;
6.	Any other approval as may be required from the State Government.

The application should be submitted along with relevant payment details for a sum of rupees five thousand made to the Pay and Accounts Officer of the Kandla Special Economic Zone as per the details mentioned below, together with a project report giving details of activities proposed.

Sr.No	Particulars	Details
1.	Name of the Bank	CENTRAL BANK OF INDIA
2.	Account No	3561135529
3.	IFSC Code	CBIN0282169
4.	MICR Code	110016060
5.	Branch Code	282169
6.	Branch Location	Udhyog Bhawan, New Delhi

Amount Rs.	Rs.5000
Transaction/ Reference No.	
Transaction date	
Mode of Payment (NEFT/ RTGS/ UPI etc.)	

For Official Use only	
Application No.	
Date:	

Sr. No	Name and full address of applicant firm/ company (in block letters)	NAME: ADDRESS:
I	Registered Office (in case of limited Company and Head Office for others)	
	Pin Code	
	Tel.No.	
	Permanent E-Mail Address	
	Web-Site, if any	
	Passport No., if any	
	Name of Bank with Address and Account No.	
	Digital Signature	
	Income Tax PAN (attach copy)	
II	Constitution of the applicant firm [Tick (✓) the appropriate entry]	Public Limited Company
		Private Limited Company
		Limited Liability Partnership
		Partnership

		Branch
		Proprietor ship
		Trust
		Others (please specify)

(Attach Copy Of Certificate Of Incorporation along with Articles Of Association And Memorandum of Association In Case Of Companies And Partnership Deed In Case Of Partnership Firms, LLP Deed In Case of Limited Liability Partnership and other equivalent incorporation documents)

III	Area of Business proposed to be undertaken as per IFSCA Regulations	
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IV. Name and complete address of each of the Directors/Partners/Proprietor, as the case may be with Telephone numbers

Sr.No	Name	Designation	Address	Contact No.
1				
2.				
3.				

V. INVESTMENT: (RS. IN LAKHS)

(a) Office Equipment such as computers, servers, office furniture

Indigenous	
Import CIF value	
Total (i) + (ii)	

(b) Details of source(s) of finance proceeds in subsequent years

Equity contribution from promoter/IPO

VI. INFRASTRUCTURE REQUIREMENTS

Requirement of land/Office Space (In Sqmtr):

VII. EMPLOYMENT

Men	
Woman	
Transgenders	

VIII. Shareholding of IFSC Unit

(a) Equity Capital incl. Foreign Investment	(\$ in thousand)	(Rs. in lakhs)
(i) Authorized		
(ii) Subscribed		
(iii) Paid Up Capital		

Note: If it is an existing company, give the break up of existing and proposed capital structure

(a) Shareholding Pattern	(\$ in thousand)	(Rs. in lakhs)
(i) Foreign Holding		
(ii) Indian Holding		
(iii) IFSC Holding		
Total Equity		

IX. OTHER INFORMATION

Whether the applicant has been issued any Industrial license or LOI/LOA under EOU/SEZ/STP /EHTP scheme. If so, give full particulars, namely reference number, date of issue, items of manufacture/ services offered and progress of implementation of each project.- NO	
Whether the applicant or any of the partner/Director who are also partners/Directors of another company or firms its associate concerns are being proceeded against or have been debarred from getting any License/Letter of Intent/ Letter of Permission under Foreign Trade (Development and Regulation) Act, 1992 or Foreign Exchange Management Act, 1999 or Customs Act, 1962 or Central Excise Act,1944.- NO	
Place :	Signature of the Applicant:
Date:	Name in Block Letters:
Official Seal/Stamp	Designation:
	Tel. No./Mobile No. :
	e-mail :
	Web-Site, if any:
	Full Residential Address:

UNDERTAKING

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

I/We shall abide by any other condition, which may be stipulated by the Development Commissioner.

I/We fully understand that any Permission Letter/Approval granted to me/us on the basis of the statement furnished is liable to cancellation or any other action that may be taken having regard to the circumstances of the case if it is found that any of the statements or facts therein furnished are incorrect or false.

An affidavit duly sworn in support of the above information is enclosed.

Place :	Signature of the Applicant
Date:	Name in Block Letters:
Official Seal/Stamp	Designation:
	Tel. No./Mobile No. :
	e-mail :
	Web-Site, if any:
	Full Residential Address: