APPLICATION FOR REGISTRATION OF NON STP UNITS

			For Official U	se only		
Applic	ation No.					
Date :			·			
		Date	Month	Year		
Details	s of Bank Draft					
	Amount Rs.					
	Draft No.					
	Draft date					
	Drawn on					
		(Name of the	ne Bank with Branc	h)		
	Payable at					
I.	NAME AND ADDRESS OF THE UNDERTAKING IN FULL (Block Letters)					
	Name of the Applican	t Firm				
	Full Address					
	(Regd. Office in case Companies & Head C others)					
	Pin Code					
	Location Address					
	Pin Code					
	Tel. No.					
	Fax No.					
	Permanent E-Mail Ad	dress				
	Web-Site, if any					
	Name of Bank with A	ddress & A/c No.				
	Income Tax PAN					
	The name and addres					
	IEC No. (Attach photo	осору)				
II.	NATURE OF THE AF [Please tick (√) the al Government Undertal Proprietor ship/Partne	ppropriate entry] king/Public Limite	ed Company/Private	e Limited Company/		

Note:-

Copy of certificate of incorporation along with Article of Association and Memorandum in case of companies and Copy of partnership deed in case of partnership firms should be attached.(Please attach copies of proof whenever applicable e.g. list of Directors)

EQUI	EQUITY (in Rs. lakhs)							
(i)		Existing	נ		Proposed (within three year			
(a)	Authorized							
(b)	Subscribed							
(c)	Paid up Capital							
If it is	If it is an existing entity, please give the break-up of the existing and proposed capital structure							
(ii) Pattern of share holding in the paid-up capital (in Rs. lakhs)								
			Existing		Proposed (within three year			
(a)	Foreign holding							
(b)	Non Resident In	Non Resident Indian company/Individual holding						
	(i) Repatriable							
	(ii) Non-repatrial	ole						
(c)	Resident holding	9						
(d)	Total (a+b (i+ii)+	-c) equity						
(e)	(iii) External com	nmercial Borrowing)					
INVE	STMENTS (in Rs. la	Existing		Proposed (within three year				
(a)	Indian							
(b)	Foreign							
EMPL	OYMENT (All figure	es in number)						
			Exist	ing	Additional for next three y			
a)	Technical	Men						
		Wome	en					
b)	Non-Technical	Men						
		Wome	en					

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i)(a)	Whether the applicant has been is Industrial license or LOI/LOP und STP/EHTP scheme if so, please give full particulars especially refedate of issue, items of manufactur progress of implementation of each	er EOU/SEZ/ erence number, re and		
(b)	Whether the applicant has submit other application for LOI/LOP whi pending with the Board of Approv If so, please give particulars like r number, name under which applic made, items of manufacture etc.	ch is als eference		
ii)	Whether the applicant or any of the partners/Directors who are also performed by the partners of another company or associate concerns are being proagainst or have been debarred from the partner of permission under the Extended transport (Control) Act. 1947/Foreign (Development and Regulation) Act. Custom/Central Excise Act.	artners its ceeded om ot/ port and o Trade		
		UNDERTAKING		
abide by any oth Certificate grante	clare that the above statements are condition, which may be stiputed to me/us on the basis of the stated to the circumstances of the care	lated by the Director, STP atement furnished is liable to	I. I/We fully understant to cancellation or any o	d that any Registration ther action that may be
	ee to provide any other informatio Chartered Accountant.	n as and when required by	STPI apart from Quart	erly and Annual returns
I/We also hereby writing.	agree that any change in the part	iculars provided in this app	lication will be brought t	to knowledge of STPI in
Place:	_	Signature of the Applicar	nt	_
Date:		Name in Block Letters Designation		
Official Seal/Star	np	Full Official address		
		Tel. No.		
		E-mail Address		_
		Web-Site		-
		Full Residential address		_
		Tel. No.		_

VIII.

Other Details.

Applicant should be the CEO or any other person authorised by the CEO(Enclose copy of the Resolution of Board for registering as an non STP unit and also for the authorised signatory)