

Appendix-10 B(i)

(Please see Paragraph 10.09 of HBP)

Proforma of Certificate for issue of authorization for Repeat Orders of SCOMET item(s)

CERTIFICATE

[To be submitted by the **End User** on its letterhead, duly signed in ink by authorised signatory and stamped]

PART 1: DETAILS OF THE ENTITIES

- a) Name of Exporter _____
- b) Name of Buyer _____
- c) Buyer's Address _____
- d) Name of Consignee _____
- e) Consignee's Address _____
- f) Name of End-User _____
- g) End-User's Address _____
- h) Specific Location where the items will be used (if different from (g)) _____
- i) Name of intermediary, if any _____
- j) Intermediary's address _____

PART 2: ITEMS

- a) **Description of the item(s)**
- b) **Quantity/Weight**

Description of the item(s) (e.g. Name of Model, Class, Type, Serial Number for goods) (in case of chemicals Purity/Concentration, IUPAC Name & CAS Number)	Quantity/Weight (Number / Kg. / MT)

- b) Purchase Order Number & Date _____
- c) Annual Operating Capacity _____
- d) Shipment received in the year _____
- e) Current request in the year _____
- f) Cumulative request till date _____

PART 3: DECLARATION

- a) The product and quantity, as indicated in PART 2 above, commensurate with installed annual operational capacity of our plant/ manufacturing unit [calculated calendar year wise (Jan. - Dec.)]andshall not be used for any purpose other than the purpose(s) stated in the end use statement given by us.
- b) That the cumulative quantity being imported by us during the year does not exceed the annual operational capacity of our plant/ manufacturing unit in respect of the relevant product,
- c) I/We also certify that all the facts contained in this certificate are true and correct to the best of my / our knowledge and belief and that I/we do not know of any additional facts that are inconsistent with this certificate.

PART 4: SPECIFIC DETAILS OF AUTHORIZED SIGNATORY (mandatory):

Signature

Date :

- a. Name (in capital letters only): _____
- b. Designation: _____
- c. Complete office address (with room No. area, city, district, state, country) : _____
- d. Pin/Zip/Postal Code : _____
- e. Telephone number (with ISD code): _____ or _____
- f. Mobile No. : _____ Fax No with ISD Code. : _____(if any)
- g. Primary Email: _____