**Reverse Buyer Seller Meet for Ceramic and Allied Products - 2017**

**(*Organized by CAPEXIL*)**

**Indian Delegate’s Registration Form**

**Company Details**

|  |  |
| --- | --- |
| **Company** | **Address** |
| **IEC No. & RCMC No. with validity date\*  :** | **IEC No. :-**  **RCMC with validity Date :-** |
| **Telephone & Fax :-** | **E-mail:-** |
| **Website :-** |  |
| **Name(s) of the Executive(s) with Designation attending RBSM**  **Name of the Executive :-** | **Designation of the Executive :-** |
| **Mobile No(s)** | **Where to attend :-**  **Ahmedabad ❒**  **Morbi ❒** |
| **Annual Export Turnover (Rupees Crore / USD Million)** | **2013-14**  **2014-15**  **2015-16** |
| **PAN Number :** | **CIN Number :** |
| **Names of all Directors :-** | **DIN Number of all the Directors :-** |
| **Type of Company** | **❒ Proprietorship**  **❒ Partnership**  **❒ Private Limited**  **❒ Public Limited**  **❒ Others (Please specify)** |
| **Category** | **❒ Micro**  **❒ Small**  **❒ Medium**  **❒ Others (Please specify)** |
| **Major Export Destinations** |  |
| **Brief Company Profile with maximum of 150 word count** | **(FORMAT FOR COMPANY PROFILE ATTACHED)** |

**Product Details**

|  |  |
| --- | --- |
| **Product Wise ITC HS Codes (8 digit ) to be represented** |  |
| **Description** | **ITC HS Codes (8 digit )** |
| **Industrial Application** |  |
| **Area of Specific Interest for this BSM** |  |

**Payment Details**

|  |  |
| --- | --- |
| **Payment through RTGS**  **CAPEXIL Bank Details:**  **IFSC Code: IOBA0000585**  **Account with Bank: Indian Overseas Bank**  **Bank Address: 2 Wood Street, Kolkata 700016**  **Type of Account: SB**  **Account Number: SB A/C No. 058501000074371**  **Beneficiary Name: CAPEXIL**  **Address: 1/1 Wood Street, Vanijya Bhavan, 3rd Floor, Kolkata 700016**  **Beneficiary’s contact no: 033-22891721 Fax: 033-22891724 E-mail:** [**accounts@capexil.in/uttamghosh@capexil.in**](mailto:accounts@capexil.in/uttamghosh@capexil.in) | **Reference No. :-**  **Date of Transfer:-** |

**Duly filled in form alongwith requisite fees should be sent to CAPEXIL, Vanijya Bhavan, 1/1 Wood Street, 3rd Floor, Kolkata 700016. Participation Fees are payable by RTGS, DD, Multicity Cheque in favour of “CAPEXIL”**

**Date :                                                                            Signature**

**Seal**

**FORMAT FOR COMPANY PROFILE**

|  |  |
| --- | --- |
| **NAME OF THE COMPANY :**  **WITH HIGH RESOLUTION LOGO**  **ADDRESS :**  **TEL :**  **FAX :**  **MOBILE :**  **E-MAIL :**  **WEBSITE:** | **SCANNED PHOTOGRAPHS WITH NAME & DESIGNATION** |
| **COMPANY PROFILE (WITHIN 150 WORD COUNT) :** | |
| **PRODUCTS / ITEMS OF BUSINESS INTEREST (WITH 6 OR 8 DIGIT HS CODE) :**  **PRODUCTS(S) HS CODE (8 DIGIT)**  **1)**  **2)**  **3)** | |
| **APPLICATION OF PRODUCTS :** | |
| **END-USERS / CLIENT SEGMENT EXPECTED TO BUY THE PRODUCTS :** | |

**IMPORTANT NOTE :-**

1. **ONE COPY OF REGISTRATION FORM AND COMPANY PROFILE TO BE SENT THROUGH MAIL IN MS WORD FORMAT.**
2. **ANOTHER COPY OF REGISTRATION FORM AND COMPANY PROFILE DULY SIGNED & STAMPED MAY BE SENT THROUGH MAIL OR POST.**
3. **SCAN COPY OF COLOR PASS PORT PHOTO MAY BE AFFIXED / ATTACHED WITH THE FORMS.**