## ANF 2A

		Applicant I	Detai	ls								Pho Ap	Digital otograp of the oplican 3x3cm)	ph it							
i. Name of entit	y in whos	e name IEC is re	equir	ed							l.										
ii. Address: (Reg		us al																			
Office Address is	•	Street/Area/Loc	cality:																		
in case of Compa Head Office Addre		State:	7	Di	strict:	$\overline{}$															
required for all oth		City:		PIN	Со	de:		I					_								
categories)																					
iii Landline telep	hone no.,	if any (with area	code	∋)																	
iv Mobile No.	Primary N	/lobile No.																			
	Other Mo	bile No, if any																			
v Email ID /	•	Primary Email ID								il ID,	if an	ıy:									
Website	(for corre	for correspondence with DGFT):																			
Address:	\Mahaita /	if anyl.		EAV No (if any with area code)																	
	Website (	ii ariy).	-	FAX No.(if any, with area code)																	
	01-Proprietorship 06-Govt. undert							derta	ı <u>llı</u> aking												
vi Nature of	O2-Partnership									Company											
concern / entity (Please select		Limited Liability		08-Registered Society																	
relevant		Private limited		09-Trust																	
category <b>)</b> :	05-	Public Limited			10-HUF																
vii: Preferred	01-Merc	chant Exporter				C	)5-M	ercha	ant cu	m se	rvice	pro\	/ider								
Activities :	02-Man	ufacturer Exporte	C	06-Manufacturer cum service provider																	
(Please select the	DO-INGI C	chant cum manuf	ter C	07-Merchant cum Manufacturer cum service																	
relevant category)	)	provider																			
	04-Serv	rice Provider				C	08- Others (please specify)														
viii Bank Accour	nt Details	of the Applicant	's en	tity:																	
1. Name of t		nt holder																			
2. Account I																_					
3. Name of t 4. Branch ad		the Bank:														_					
5. IFS Code		ille Dalik.														_					
0. 11 0 0000	•															_					
Part B : Branch	Details															_					
i Branch ID:																					
		lot/Block No.:																			
iiAddress of	Addre	ss line																			
Branches,		ess Line																			
Divisions, Uni Factories loca		/Area/Locality:																			
in India and	City:		ż.			$\overline{\nabla}$															
abroad		. ,		State:											_						
	Distr	rict:		F	י Nוי	Code	<del>)</del> :														

(Similarly fill in d	letails of each branch)
Part C : Please	e fill in the following details:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part C 1 In	n case the entity is a Proprietor firm :
	Name of the Proprietor
	as in PAN Father's Name
_	Date of Birth (DD/MM/YYYY)
	Flat/Plot/Block No.:
Address	Street/Area/Locality:
	City: District:
	State PIN Code:
-) A!! O	V
c) Aadhaar Card	d Number, if available:
	ase the entity is Partnership firm
1.PAN details o   entity	of the Name as in PAN Date of Incorporation (DD/MM/YYYY)
entity	PAN PAN
2. Fill in the fol	llowing <u>details for each partner</u> :
a. Name as in P	PAN
b Father's name	e
c. Date of Birth	(DD/MM/YYYY)
d. Residential	Flat/Plot/Block No.:
Address of the	Street/Area/ Locality:
Partner:	City: District:
	State: PIN Code:
e. Mobile No.	State. The Code.
f. PAN:	
	d Number, if available
g. Additaat Care	d Number, ii available
Part C 3: In ca	ase the entity is a Limited Liability Partnership/ Private/ Public/Govt. Undertaking /
Section 25 Com	npany: ▽ Name as in PAN
of the firm:	Date of Incorporation
	PAN
	whichever is applicable)
	Certification No.
	llowing details for each Partner/Director:
a. Name / Name as in PAN	N*
I Maine as iii i Al	``
b. Father's Nam	
	(DD/MM/YYYY)*
d. Director Iden	
e. Residential	Flat/Plot/Block No.:

Address		0.	1/	Λ	-/ 1		Pr			1															
Address		-	Street/Area/ Locality:																						
			City:							District: $\bigvee$															
	St	State:						PΙ	PIN Code:																
		Co	ountr	ry*																					
f ** PAN										<u> </u>														T	
g. Mobile Number	er	ı																							
h. Aadhaar Card	Numb	er, i	f ava	ila	ble							<u> </u>								ı					
* Not required if	Foreig	n Na	atior	nal (	and i	not	hold	lin	g a	PA	N.					<u> </u>			ı						
**(Not mandator	y in cas	se o	of Fo	reio	an na	atio	nals	CC	gmo	lyi	ng I	wit	th N	1in	istr	v o	f Co	rpc	rat	te A	ffa	irs (	Gen	era	1
	circular no. 12 /2014 in F.No. F.No.1/12/2013 CL-V dated 22nd May,2014 )																								
Part C 4: In case the entity is a Registered Society/Trust**																									
**( Individuals /Cha													ds v	whi	ch l	าลเ	e he	en	ех	em	nte	d fr	om		
Customs duty unde	er Notific	atior	า issu	ed i	by the	e Mi	inistry	of	Fina	anc	e fo	r b	ona:	fide	us us	e k	o sc oy vi	ctir	ns a	affe	cte	d b	y na	tura	эl
calamity may refer	to the pa	ara 2	2.07 c	of Ha	andbo	ook	of Pro	ОСЕ	edur	e ar	nd u	se	Per	ma	ner	nt I	<u>ÉC I</u>	Vo	010	000	001	26	)		
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	Date of	Inc	orpo	rati	on																			<u> </u>	
	PAN																					$\perp$			
2. Registration N																									
3. Details of the		ary/	Chie	ef E	xecu	ıtiv	e of	th	e S	oci	ety	, O	r M	an	agi	ng	Tru	ust	ee	of	the	<u>∙</u> T	rus	t	
a. Name as in P																					<u> </u>				
b. Father's Name	е																								
c. Date of Birth (	DD/MM	I/YY	YY)																						
d. Residential A	ddress	F	lat/P	lot/	Block	N	o.:																		
		S	Street/Area/ Locality:																						
			State: \square							District														<u> </u>	
		С	ity							PΙ	N														
e. Mobile Number	er																							$\perp$	
f. PAN					1														<u> </u>		$oldsymbol{\perp}$				
g. Aadhar Card	No. if av	vaila	able																		<u>L</u>		<u>L</u>		
Part C 5: In cas					HUF	1				_	1 1					1					$\overline{}$		_	1	
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2.Details of the l	PAN																								
a. Name as in P										1		-				1			1		<del></del>	$\overline{}$			
b. Father's Name																					_	$\vdash$			
c. Date of Birth (DD/MM/		I/VV	<b>/VV</b>																		_	$\vdash$			
d. Residential	, DD/ IVIIV			+/D	lock l	No	<u> </u>														<u> </u>	<u> </u>			
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e. Mobile Numbe	<u> </u>	Oil	·y							<u> </u>	11 1		1			T				1	$\neg$			$\top$	
f. PAN	··	+		+		+							-			-					$\dashv$			+	
g. Aadhar Card	Details	if a	vail	able	خ 								1			$^{\perp}$					一		$\top$		

## Part D: DECLARATION/UNDERTAKING

i I/We hereby certify that:

A. the entity for whom the application has been made have not been penalized under any of the following Acts (as amended from time to time):

	(i) The Customs Act, 1962,
	(ii) The Central Excise Act 1944,
	(iii) Foreign Trade (Development & Regulation) Act 1992, and
	(iv) The Foreign Exchange Management Act, 1999;
	(v) The Conservation of Foreign Exchange, Prevention of Smuggling Activities Act, 1974
	B. none of the Directors / Partners / Proprietor / Karta / Trustees of the company /firm /HUF/Trust, (as the case
	may be), is/are a Director(s) / Partner(s) / Proprietor / Karta / Trustee in any other Company/ firm / entity which
	is on the Denied Entity List (DEL) of DGFT;
	C. neither the Registered Office of the company / Head Office of the firm / nor any of its Branch Office(s)/ Unit(s)/
	Division(s) has been declared a defaulter and has otherwise been made ineligible for undertaking import / export
	under any of the provisions of the Policy;
	D. we have not obtained nor applied for issuance of an Importer Exporter Code Number in the name of our
	Registered / Head Office to any other Licensing Authority
	I/We undertake to abide by the provisions of the Foreign Trade (Development and Regulation) Act, 1992, as
ii	amended from time to time, the Rules and Orders framed there under, the Foreign Trade Policy, the Handbook of
	Procedures and the ITC (HS) Classification of Export & Import Items.
iii.	I/We fully understand that if any information furnished in the application is found incorrect or false will render me/us
111.	liable for any penal action or other consequences as may be prescribed in law or otherwise warranted.
iv.	I/We hereby declare that the particulars and the statements made in this application are true and correct to the best of
	my/our knowledge and belief and nothing has been concealed or withheld therefrom.
v	I hereby certify that I am authorized to verify and sign this declaration as per Paragraph 9.06 of the Foreign Trade
<u></u>	Policy.
	Tick the box as acceptance of declaration/ undertaking and fill in the details below.

Place:

Date:

Name of the applicant\*:
Designation:
Official Address:
Telephone/Mobile No:
Email of the applicant:
PAN of the signatory applicant\*:

**Note\*** Application has to be digitally signed by Proprietor/ Managing Partner/ Designated Partner / Director/ Secretary or Chief Executive of the Society/ Managing Trustee / Karta as the case may be.

**Go Back to Instructions**