ANF 2 A

Application Form for Issue / Modification in Importer Exporter Code Number (IEC)

Part A

To be filled by the Issuing Authority

IEC Details	
i. IEC Number	
ii. Date of Issue	
iii. Issuing Authority	

To be filled by the applicants

Un-attested
Photograph of the applicant.
Identical Unattested
Photograph of the

Note: Please state 'Not Applicable' wherever the information / data is not applicable to you.

Fields marked * are optional. All others are mandatory

1	APPLICANT DETAILS																	
i., Name	"	0,	. 52.71															
ii. Address(Registered Office	Flat/Plot/ Block No:																	
Address is Required in case of	Street/Area/Locality:																	
companies, Head office Address is	City																	
required for all other categories	Sate				Andhra Pradesh													
iii. For endorsing	Flat/Plot/ Block No:				Not applicable													
address of Branches, located in India & abroad (please attach extra	Stree	et/Area	/Locality	:														
sheet if required)	City																	
,	Sate	!	Pin Code						Code		-	-	-	-		-	-	
iv . Telephone/Fax Nos	Area code along with Telephone/Fax No.																	
Landline(i)																		
Landline(ii)*:			-	-	-		-	-		-		-		-		-		
- Fax.*:			-	-	-		-	-		-	١.	-				-		
v. Email ID /Website Address	Email ID: For correspondence with DGFT Alternate Email ID*,																	
vi. Full Name, Designation	Web	site Ad																
and Mobile Number of the signatory	First Name				Middle Name				I	Last Name								
(Signatory's photograph		-																
is to be affixed on the bank Certificate	Desi																	
	Mobi	ile Nun	nber															

2. Details of Proprietor/Partner/D													
Of the applicant firm (attach extra sheet required) Total Number of Partners / Directors / Karta / Trustee													
in the applicant firm									-				
Following information may be provided for each Proprietor / Partners / Directors / Karta / Trustee of the applicant firm i. Name :													
ii. Father's Name :													-
iii. Residential Address:													
iv. Telephone :													-
iv. reiephone													
3. Nature of Concern (please tic	k)		(√)										
i. Government Undertaking													
ii. Public Limited Company													
iii. Private Limited Company													
iv. Proprietorship													
v. Partnership													
vi. Others													
4. Type of Exporter (please tick)		(√)										
i. Merchant Exporter													
ii. Manufacturer Exporter													
iii. Service Provider													
iv. Others (please specify)													
v. Merchant cum Manufacturer													
5. Bank Account Details													
i. Name of the Bank	:												
ii. Address of the Bank	:												
iii. Type of Bank Account	:												
iv. Bank Account Number	:												
v. Year of opening Bank Account	:												
6.	PAN Deta	ls											
i. PAN Number													
(Alphanumeric Field-size10)													
ii. PAN Issuing Authority	INCOME 7	TAX DEP	ORTME	ENT									
iv.Name as appearing on the	Date of Birth for Individuals Date of Incorporation for all other categories												
PAN Card:	(Trusts/HUFs/Firms/ LLP/Companies etc.)												
V. Father's Name in case of													
PAN allotted to individuals													
	<u> </u>												

7. Application Fee Details:	Rs. 250 /- (Two Hundred and Fifty Rupees Only						
Amount (Rs)—Rupees :	Rs. 250 /-						
Demand Draft	: Joint Director General of Foreign Trade						
Date of Issue	:						
Name of the Bank and its Branch on which drawn:							

Signature of the Applicant: Place: Hyderabad

Date:

Name :

Designation :

Official Address :

Telephone :

Residential Address

Email Addres

PART D

DECLARATION/UNDERTAKING

- 1. 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 held there from.
- 2. I/We fully understand that any information furnished in the application if found incorrect or false will render me/us liable for any penal action or other consequences as may be prescribed in law or otherwise warranted.
- 3. I/We undertake to abide by the provisions of the Foreign Trade (Development and Regulation) Act, 1992, the Rules and Orders framed there under, the Foreign Trade Policy, the Handbook of Procedures and the ITC(HS) Classification of Export & Import Items.
- 4. 4.
- a. I/We hereby certify that the firm/company for whom the application has been made has not been penalized under the Customs Act, Excise Act, Foreign Trade (Development & Regulation) Act 1992 and FERA/FEMA
- **b.** I/We hereby certify that none of the Proprietor/ Partner(s)/ Director(s)/Karta/Trustee of the firm/company, as the case may be, is/are a Proprietor/Partner(s)/Director(s)/Karta/Trustee in any other firm/Company which(i) has come to the adverse notice of DGFT, (ii). is in the caution list of RBI,
 - c. /We hereby certify that neither the Registered Office/Head Office of the firm/company 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.

5-NRI interest in the firm-Kindly tick one of the following:

- (i) There is no non-resident interest in the firm/company and no non resident investment with or without repatriation benefits has been made in the firm/company; or
- (ii)There is non-resident interest in the firm/company and non resident investment without repatriation benefits in the firm/company is held with the general/specific permission of RBI; or
- (iii) There is non-resident interest in the firm/company and non-resident investment with repatriation benefits in the firm/company is held with the specific permission of RBI.

In case of NRI interest/holding with repatriation benefits in the firm/company, please furnish

i. RBI Approval Number

- ii. RBI Approval Date
 - 6. I/We hereby declare that I/We have not obtained nor applied for issuance of an Importer Exporter Code Number in the name of our Registered/Head Office or any of our Branch(s)/Unit(s)/Division(s) to any other Licensing Authority.
 - 7. I hereby certify that I am authorised to verify and sign this declaration as per Paragraph 9.9 of the Policy.

Signature of the Applicant		Place: Hyderabad
Name	:	Date:
Designation	:	
Official Address	::	
Telephone	:	
Residential Address	:	
Email Address	:	