**CHECK LIST FOR THE EDB SPECIAL AWARD APPLICATION FORM 2019/20**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Check List | Yes | No |
| 1 | Duly completed Application for EDB Special Award 2019/2020 |  |  |
| 2 | Copy of Business Registration |  |  |
| 3 | Audited Accounts for the financial year ending 31st March 2020 |  |  |
| 4 | Copy of the Form C1 in respect of month of March 2020 issued by the EPF/ETF |  |  |
| 6 | Confirmation from Bank/s receipt of export proceeds for the financial year ending 31st March 2020 for Export Services Companies |  |  |
| 7 | Signature of the Applicant (Chairman/ CEO /Partner or Proprietor) |  |  |
| 8 | Validation of information by the Company Auditors with their rubber stamp. |  |  |
| 9 | Copy/ies of the: - a) Brand Registration  b) Quality/ Standards Certificates |  |  |
| Please submit the duly completed check list together with the application. | | | |

*Closing Date: 30th June 2020*

APPLICATION FORM FOR COMPANIES UNDER “NEW EXPORTERS DEVELOPMENT PROGRAMME” FOR EDB SPECIAL AWARD

EDB SPECIAL AWARD

|  |  |  |  |
| --- | --- | --- | --- |
| **Office use only** | | | |
| Ref. No |  | **Date of Receipt** |  |
| **Product Sector** |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1 - GENERAL INFORMATION** | | | | | | | | |
| Name of the Applicant Company |  | | | | | | | |
| Address |  | | | | | | | |
| Telephone Nos. |  | | Fax : | |  | | | |
| E-mail Address |  | | | | | | | |
| Website |  | | | | | | | |
| Year of Establishment |  | | | | | | | |
| Year of Commencement of Exports |  | | | | | | | |
| Legal Status | Proprietorship |  | | | | Partnership | |  |
| LLC |  | | | | PLC | |  |
| EDB Reg. No (if any) |  | | | | | | | |
| Reg. No. - “New Exporters Development Programme” |  | | | | | | | |
| **Name of the Chairman/**  **CEO/ MD (Mr./Ms.)** |  | | | | | | | |
| Address |  | | | | | | | |
| Telephone Nos. | Office: | | | Mobile No: | | |  | |
| Fax No |  | | | | | | | |
| E-mail Address |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART 2 – CONTACT PERSON FOR FURTHER INFORMATION ON THIS APPLICATION** | | | | |
| Name of Contact Person (Mr./Ms.) |  | | | |
| Designation |  | | | |
| Contact Details : | Telephone : |  | Mobile: |  |
| Fax : |  | Email: |  |

|  |  |
| --- | --- |
| **PART 3 - BUSINESS INFORMATION** | |
| Business Registration No :  **(Please attach a copy of Business Registration/Certificate of Incorporation)** |
| Ownership as at 31.03.2020 **(State Percentage of Equity**):  Local Foreign |
| Type of Business (Please tick the relevant cage)  □ Manufacturer □ Agent □ Other (Please Specify)  □ Manufacturer/Exporter □ Trader |
| Export Product/ Service …………………………………………………………………………  **Please submit duly filled form given in Annex 1 in connection with service exports.** |
| Available Quality/ Standards Certifications in national level and international level.  (Please attach documentary Evidence) |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 4 - EMPLOYEE INFORMATION** | | | |
| Number of Employees As at 31st March 2020  **(Please** **attach a copy of the Form C1 in respect of month of March 2020 issued by the EPF/ETF**) | **Permanent** | **Contract Basis** | **Casual** |
|  |  |  |
| Details of subcontract opportunities provided by the applicant company   |  |  |  |  | | --- | --- | --- | --- | | **Subcontracting function/ part** | **Subcontract Company** | **Subcontract Value in 2019/2020 (Rs.)** | **No of employees in the Subcontract Company** | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Please use a separate sheet if more than 03 Subcontract opportunities provided** | | | |

|  |  |  |
| --- | --- | --- |
| **PART 5 - EXPORT MARKETS** | | |
| No | **Product** | **Export Markets** |
| 01 |  |  |
| 02 |  |  |
| 03 |  |  |

**Please use a separate sheet if more than 03 Markets**

|  |
| --- |
| PART 6 – PRODUCT DEVELOPMENT |
| 6.1. Name of the Trade Marks/ Patents registered during the year. |
| 6.2. Product Development carried out during the year  Improvement of flavors/ features to the product. Please Explain…….………………………..…  Improvement in packaging. Please Explain………………………………………………………  Improvement in product quality. Please Explain…………………………………………………  Improvement in product design. Please Explain………………………………………………….  Improvement in production process/ technology. Please Explain…………………………….….    Other Improvement. Please Explain………………………………………………………………  Please **attach documentary evidence** if available. Use a separate sheet to explain the Product Development if the provided space is not enough. |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 7 – OVERALL EXPORT PERFORMANCE** | | | |
| **HS Code of the Product** | **Name of the Product** | **Export Value (FOB)**  **(USD Thousands )** | |
| **April 2018 –**  **March 2019** | **April 2019 –**  **March 2020** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

Please use a separate sheet if more than 3 products

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **PART 8 – VALUE ADDITION** | | | | | |  | **April 2018 -March 2019**  **(USD Thousands)** | | **April 2019 -March 2020**  **(USD Thousands)** | | | **Total** | **Export related** | **Total** | **Export related** | | Turnover (A) |  |  |  |  | | Net Profit before Tax (B) |  |  |  |  | | Cost of Employment including EPF, ETF and Bonus etc (Please mention a breakdown of the cost of employment) (C) |  |  |  |  | | Depreciation/Amortization of Non-Current assets (D) |  |  |  |  | | Loss on disposal of Fixed Assets (E) |  |  |  |  | | Finance Expense (F) |  |  |  |  | | **Deductions** |  |  |  |  | | Gain on disposal of Fixed Assets (G) |  |  |  |  | | Finance Income (H) |  |  |  |  | | **Total Value Addition [B+C+D+E+F - (G+H)]** |  |  |  |  | | **Value Addition as a Percentage of Turnover {[B+C+D+E+F** - **(G+H)]/ A}** |  |  |  |  | | **Description of the Value Addition Process (Please use a separate sheet to describe the process)** |  | | | | | **\*Please attach Value Added Statement of the Company (if Any)** | | | | | |
| |  | | --- | | **PART 9 - APPLICANT’S DECLARATION** | | I / We do hereby declare and affirm that all statements, data and figures submitted by us on this information form are true and correct and that we have not been found guilty of any violation of exchange control laws, customs laws, or import/export control laws/regulations or circumventing regulations pertaining to EDB assistance schemes or any other fraudulent activity and have paid all relevant government taxes, duties, levies, EPF/ETF and such other statutory payments due for the period under reference.  **I / We hereby agree that the decision of the Selection Committee relating to the grant of EDB Special Award is final.**  ---------------------------------------------- ----------------------------------  Signature of Applicant Company Seal/Stamp  ---------------------------------------------- ----------------------------------  Name and Designation of Signatory Date |  |  | | --- | | **PART 10 - COMPANY AUDITOR’S VALIDATION** | | We hereby certify that all information furnished **(from sections 03 to 08)** herein in respect of  ---------------------------------------------------------------------------------- (Name of enterprise) is true and correct to the best of our knowledge and believe as per the records maintained and made available for our scrutiny.  Name of Auditor :  Address :  Registration No :  Telephone :  ------------------------------------- -----------------------  Signature & Rubber Stamp Date | |

**Annex 01**

Chairman

Panel of Judges

EDB Special Awards 2019/20 under New Exporters Development Programme

**Bankers Certification for Export Services**

We certify that we have received remittances in respect of exports given in the schedule below effected by …………………………………………………….. (Name of Enterprise) and negotiated by us.

We certify that these remittances are for the export effected during the period from April 2019 to March 2020.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Services** | **Export Value (FOB)** | | | |
|  | **April 2018 to March 2019** | | **April 2019 to March 2020** | |
|  | **USD** | **LKR** | **USD** | **LKR** |
|  |  |  |  |  |
|  |  |  |  |  |
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………………………………………………… ……………………………………………

**Signature of the Officer of the Bank Name of Bank**

………………………………………………. ……………………………………………

**Name of the Officer Seal**

……………………………………………… ………………………………………….

**Designation of the Officer Date**