## APPLICATION FORM FOR PARTICIPATION IN NATURAL PRODUCTS EXPO WEST 2017 SCHEDULED FROM 9-12 MARCH 2017

| Name of Company  |  |
|--|--|
| Full Address:  |  |
| City:  |  |
| State:   |  |
| Tel:   |  |
| Email:   |  |
| Mobile No.:  |  |
| Website (if any):  |  |
| APEDA Registration (RCMC) Number   |  |
| Name & Designation of Key Executive  |  |
| with mobile no.  |  |
| NPOP Scope certificate No. (valid) for   |  |
| Trading  |  |
|  |  |
| NOP Scope certificate No. (valid) for<br>Trading   |  |
| Products for display   |  |
|  |  |
|  |  |
| Exporters shortlisted for participation will have to display products of international level                       |  |
| both in terms of quality & packaging.  |  |
| APEDA reserves right to reject or allow any exporter in the interest of trade and decision of APEDA will be final. |  |
| DD No. and date with Name of the Bank  |  |
|  |  |

Date: \_\_\_/ \_\_\_/ \_\_\_\_Applicant's signature and Stamp: \_\_\_\_\_