**Annexure - I**

**Disclaimer**

1. The participation is on FIRST-CUM-FIRST SERVED (FCFS) till all booths are sold.
2. All participants who have paid the full participation fee in time would be considered for allotment of booths.
3. No change in the booths, once allotted would be entertained under any circumstances.
4. The space allotted to the approved participants is to be exclusively used by them for display of their exhibits as approved by TEXPROCIL. Subletting / Sharing of space is not permissible. Violation of this clause may lead to cancellation of space allotted, forfeiting of space rent and cancellation of grant etc., paid to TEXPROCIL and debarring the participation from the future participation in TEXPROCIL events.
5. Airfare reimbursement component of MAI Assistance shall be permissible to regular employee / director / partner / proprietor of the company. Assistance would not be available to exporter of foreign nationality or holding foreign passport.

**DECLARATION**

1. We have studied the disclaimer for participation carefully and agree to abide by the same.
2. Participating in any other event under MAI assistance in 2019 - 20 with TEXPROCIL /

other EPC’s / Commodity Board / Trade Bodies etc.? YES / NO

 **If yes, please give details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Name of the Event / Country** | **Date of event** | **Name of the EPC’s /** **Commodity Board/ Trade Bodies** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

***Disclaimer: As Annexure – I (It’s mandatory to fill up and attach with the application form as its’ a part of application form).***

**Note:**

1. **As per MAI guidelines, an exhibiting company/member can avail MAI assistance up to a maximum of three times (including past cases) for a particular event (TEXWORLD USA, Home Textiles Sourcing, New York, USA). Thereafter they shall not be eligible for the subsidy.**
2. **MAI subsidy will be provided to a member/company for a maximum of two MAI events in a financial year.**

Date & Place :

Signature of Authorized Signatory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name & Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company Seal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*