

## Application for Remittance against Purchase of Software Through eDelivery

(Please fill up all the boxes. Put √ where necessary)

		Date of Application:		
a. B	asic Information of	the applicant		
1.	Name of the Applicant	:		
2.	Designation:			
3.	Name of the Organizat	ion:		
4.	Address:			
5.	Phone number:	Cell phone No.	Land Phone No.	Office Phone No.
6.	Email address:			
7.	Trade License Number:			
8.	Validity of the trade lic	ense:		
9.	Registration number:			
10.	Business Sector:	IT ITES	Financial Tele	ecom



## b. General Information of the Product or Service

11. Product Name:						
12. Version of the product:						
13. Product Category:						
☐ Operating system ☐ Database ☐ Accounting & financial software ☐ GIS ☐ Graphics						
☐ Enterprise resource planning (ERP) ☐ Banking application ☐ Animation and multimedia ☐ CAD						
Financial market solution Communication software Content & document management						
CRM, marketing & sales automation Customized software Mobile application						
☐ eLearning ☐ eGovernance ☐ Business Intelligence ☐ Office management system						
☐ Hospital management system ☐ HR & payroll system ☐ Education institution management system						
POS, Inventory management system Others:						
14. Purpose of Import: Self use Resale Educational Training Demo  Value added resale Others:   15. Type of delivered under eDelivery: Software License AMC Up gradation of license / software						
SAAS / cloud hosting of software Others:						
16. Product Owner's Name:						
17. Product Owner's Website:						
18. Products page in Owner's Website:						
19. Distributor's /Partner Name:						
20. Distributor's/Partners address						
20. Distributor 3/1 di tricis dudicas						



21. Distributor's /Partner Website:					
22. Applicant's Remitting Ban	k Name:				
23. Branch name:					
24. Branch Location:					
<ul><li>e. Challan / Invoice / Cent</li><li>f. Software product cata</li><li>g. Any other document to</li></ul>	ne remitting bank document tion certificate (If applicable) rtification of license key issua				
		Submitted By:			
		Name: Date:			
For official use only:					
Received by:					
Date: Time:					