



Letter of Intent: Form 2

CII Award for Food Safety: Joint Application of Customer & Supplier / Co-Packers / Franchise / 3rd Party – Food Safety Excellence through Partnership Development

1. Name of the Nominating (Customer) Organisation:

2. Name of the Highest Ranking Official of the (Customer) Organisation:

Designation:

Email:

Mobile:

Telephone:

Fax:

3. Name of the Contact Person in Nominating (Customer) Organisation: (All the communication will be sent to contact person)

Designation:

Email:

Mobile:

Telephone:

Fax:

4. Address of Nominating (Customer) Organisation:

5. Product and Services Offered by the Nominating (Customer) Organisation:

6. Food Category Name and Number under which FSSAI License has been issued:

7. Total Number of Employees in the Nominating (Customer) Organisation:

8. Annual Sales turnover of the Nominating (Customer) Organisation for previous year (INR/USD) 2018-19:

9. Name of Supplier/Co-Packers/Franchise/3rd Party Applicant Organisation:

10. Address of Supplier/Co-Packers/Franchise/3rd Party Applicant Unit:

11. Name of the Highest Ranking Official of the Supplier/Co-Packers/Franchise/3rd Party Applicant Unit:

Designation:

Email:

Mobile:

Telephone:

Fax:

12. Name of the Contact Person in Supplier/Co-Packers/Franchise/3rd Party Applicant Unit: (All the communication will be sent to contact person)

Designation:

Email:

Mobile:

Telephone:

Fax:



13. Supplier/Co-Packers/Franchise/3rd Party Applicant Unit is in operation from: [Date / Month/ Year]

Contact Address (If different from above).....
.....
.....Pin Code:

14. Product and Services Offered by the Supplier/Co-Packers/Franchise/3rd Party Applicant Unit:

15. Food Category Name and Number under which FSSAI License has been issued:

16. Total Number of Employees in the Supplier/Co-Packers/Franchise/3rd Party Applicant Unit:

17. Annual Sales turnover of the Supplier/Co-Packers/Franchise/3rd Party Applicant unit for previous year (INR/USD) 2018-19:

18. Criteria of Assessment of the Supplier/Co-Packers/Franchise/3rd Party Applicant Unit (as per Table 1 attached):

19. Which segment does the Supplier/Co-Packers/Franchise/3rd Party Applicant unit belong to (Refer Table 1 attached)? (Tick as appropriate)

- Small (Up to Rs 5 Cr/ USD 7.7 Lac Annual Sales Turnover of 2017-18) []
- Medium (Above Rs 5 Cr -100 Cr/ USD 7.7 Lac – 1.54 Cr Annual Sales Turnover of 2017-18) []
- Large (Above Rs 100 Crore/ USD 1.54 Cr Annual Sales Turnover of 2017-18) []
- Street Food []

20. Payment details (Refer Fee Structure Attached):

Please find enclosed Cheque / Demand Draft No for Rs. drawn in favour of "Confederation of Indian Industry" payable at New Delhi as Fees (non-refundable), towards Award Application Fees.

I agree, on behalf of my organization, to abide by the rules of the CII Food Safety Award competition and accept that the decision of CII is final. I confirm that my organization is eligible to take a part in this competition and that all information in this application and accompanying application documents are correct. I accept the timetable, the non-disclosure and confidentiality clause and fees and cost structure.

Company Seal

Signature of the Highest Ranking Official of the Nominating Unit

Date



Confederation of Indian Industry



*Fees is non refundable

Address for correspondence:

Ms Anju Bist

Deputy Director.

CII-Jubilant Bhartia Food and Agriculture Centre of Excellence (FACE)

4th Floor, Andhra Association Building

24/25, Institutional Area, Lodhi Road, New Delhi - 110003

Ph.: 011 4002 8807; Mob: +91-9818878840; Email: anju.bist@cii.in

Website: www.face-cii.in