

## "Documents Required"

1. Calculation sheet (Annexure-A)
2. Undertaking (Annexure-B)
3. Any other document/documents in support of claim.

Calculation sheet as per the provisions made under Section 18 of MSMED Act -2006 for NAME OF RESPONDENT xxxxxx as on Date xxxxxxxxx

Date of Bill / Supply / Invoice/	Voucher No. / Bill No. / Invoice No.	Sale / Bill Amount in Rs.	Due date of payment as per agreement with buyer (if any)	Principal amount due. (in Rs.)	Interest on Principal amount (in Rs.)	Total Due Amount (Principal + Interest) (in Rs.)
1	2	3	4	5	6	7

**Note:-**

1. The applicant enterprise and Chartered Accountant certifying the detail of Interest payable on the delayed payment are advised to go through the provisions. made under Micro, Small & Medium Enterprises Development Act- 2006 and H.P. Facilitation Council Rules 2018.
2. Subtract the amount if any paid by the buyer from the outstanding.
3. The Calculation Sheet should be signed (with seals) by both ie. Chartered Accountant and Claimant.

Certified that the aforesaid calculation of interest on delayed payment is calculated strictly in accordance with provisions made under MSMED Act-2006.

Chartered Accountant

Claimant Authorized Representative

Undertaking

(By proprietor in case of proprietary concern/duly authorized person in writing by all partners in case of partnership firm/duly authorized person in writing by the Board of Directors through resolution in case of Company register under companies Act-1956)

I, \_\_\_\_\_, S/O \_\_\_\_\_ age \_\_\_ years presently \_\_\_\_\_ of M/s \_\_\_\_\_ (Complete address) do hereby solemnly affirm and state on behalf of M/s \_\_\_\_\_ (hereinafter mentioned as enterprise) as under:-

1. That the enterprise has filed reference under Section 17 & 18 Micro, Small & Medium Enterprises Development Act-2006 (Hereinafter referred as Act) and all the details furnished in the reference under section 18 of Act & Rule 4(6) of Himachal Pradesh Micro & Small Enterprises Facilitation Council Rules 2007 (hereinafter referred as Rules) are correct as per the record of concerned agencies/persons.
2. That I have gone through the provisions of Act & Rules and I am aware of the provisions made under Act and Rules and would abide by/comply with the same.
3. I fully understand that it is my sole responsibility to give the correct information in the reference and if at any point of time details so submitted is not found correct, the reference shall be deemed to have been withdrawn/ cancelled with immediate effect and without giving any notice.
4. I hereby undertake that the contact details (Mobile No. , E - Mail, Name and Postal Address) are correct to the best of my knowledge and HPMSEFC shall not be responsible in any way if the contact details as supplied by me are found wrong in later stage.

(Deponent)

Verification

That I have read the contents of para 1 of 4 of aforesaid undertaking, which is correct and true to the best of my knowledge & belief.

(Deponent)

Signature of authorized Signatory of applicant enterprises