Details of Logistics Facilities given on lease/rent to beneficiary

Name of Project: Name of Logistics Facility

Name of Developer:

Location of Project: Survey Nos., Village: , Ta.:   , Dist.:

Total No. of Logistics Facilities (i.e., Total No. of Warehouses, Total No. of Cold Storages, Total No. of Silos; whichever is sanctioned) =

Sr. No.	Name of Logistics Facility (Warehouse/Cold Storage/Silo/etc.)	Identity No. (i.e., Warehouse No. 1, Warehouse No. A, Cold Storage Unit 1, etc.)	Name of Beneficiary to whom the Logistics Facility given on lease/rent	Lease Period	Purpose/Storage activity for which logistics facility used by beneficiary	Beneficiary is Developer's sister concern/inter connected/group/ parent company/entity ?	Copy of Lease Deed/Rent Agreement attached ?
1				Dt. / / to Dt. / /		Yes/ No	Yes/ No
2				Dt. / / to Dt. / /		Yes/ No	Yes/ No
3				Dt. / / to Dt. / /		Yes/ No	Yes/ No

Declaration:

I hereby confirm and declare that the information submitted are true and correct in all aspects to the best of my knowledge & belief. Developed logistics facilities are not used for captive purpose by the developer. Also, the developed logistics facility is in the ownership of developer and any of the logistics facility is not sold out/transferred to other unit/entity and the logistics facility is given on lease/rented out to beneficiary which is not developer's sister concern/inter connected/group/parent company/entity. Logistics facility is used by the beneficiary for the purpose/storage activity for which the deed/agreement executed. Based on the records and duly verification, above data are furnished. I abide by the terms and conditions mentioned in Government Resolution No. GID-102021-560-I-1, Dt.31/07/2021 and all amendments thereof & Guideline issued by the Office of the Industries Commissioner and its amendments from time to time and Registration Letter and Sanction Letter issued under the said scheme. I also declare that I am authorized by the Developer Company/Firm to sign and submit the application and relevant details with relevant documents.

Place: **Stamp & Sign of Authorized Signatory**
Date: