



ई.सी.जी.सी. लि. नोएडा शाखा  
ECGC LTD. NOIDA Branch

Exporters' Information Form

Date:04.12.2025

PLEASE PROVIDE INFORMATION WITH DUE CARE AND SUBMIT PROOF FOR POINT NOS.  
1,3,4,5,7 & 9.

Exporter's Name		SAI IMPORT EXPORT AGRO
Address		Pusta road kanawani near Grace care academy saresh international school indrapuram Ghaziabad Uttar Pradesh 201014
Contact person & Designation		Mr. RAM SAHARE, PROPERITOR
Email & Mobile No.		info@saiimportexportagro.com
S. No	Parameter	Please Mark "X" on relevant Option
1	Ownership Constitution of Business Unit: (Enclose Proof)	<input checked="" type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company (Listed/Unlisted) <input type="checkbox"/> Registered under MSME Act <input type="checkbox"/> Do you have a Legal Entity Identifier(LEI) Number
2	Availing of credit facility from banks (CC/TL/Packing credit/Post shipment finance).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details as under: Name of Bank & Branch: _____ Credit facility since: _____ CC/PC/PS limit sanctioned: _____ (Provide current account statement for more than 1 year if above mentioned details are NIL)
3	Experience in Domestic/ Export business (Evidence by Annual Report; Enclose Proof))	<input type="checkbox"/> Less than 1 year. <input type="checkbox"/> 1-2 year. <input checked="" type="checkbox"/> 3-5 year. <input type="checkbox"/> Above 5 years. (Provide e-BRCs issued during the current FY if experience is less than 1 year)
4	Previous year's annual business value in INR (Enclose Proof)	Export: Domestic:

5	Part of any Export Promotion Councils/Relevant industry association (Enclose Proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, please provide details as under- Name of the association/ EPC:  Associated since: _____
6	Company's Physical location:	<input type="checkbox"/> Owned commercial space <input checked="" type="checkbox"/> Rented/ Leased commercial space <input type="checkbox"/> Any other (please mention)
7	No. of employees (only such employees with ESIC/EPFO proof; to be enclosed)	<input type="checkbox"/> Nil Employee <input type="checkbox"/> Up to 5 <input type="checkbox"/> Above 5
8	Export of goods in the same industry of the buyer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Commodity to be exported- RICE ( BASMATI & NON BASMATI )
9	Item of Export (Own Manufactured goods /Trading Commodities) (Please attach proof for the same)	<input type="checkbox"/> Own manufactured Goods <input checked="" type="checkbox"/> Trading
10	Digital presence (website, Online advertisement etc.) please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Major Countries of Export	UAE, SAUDI ARABIA, DUBAI, THAILAND, SINGAPORE, MALAYSIA, AND ETC
12	Details of turnover (if any):	Please provide details of achieved / projected Export turnover: (Attach separate sheet if necessary)

Buyer's Name with Country	Export Turnover during 2024-2025	Projected Export Turnover – Next 12 months	Peak amount outstanding at any time	Terms Of Payment with credit period
1.				
2.				
3				
4				

Exporters Signature



ई.सी.जी.सी. लि. नोएडा शाखा  
ECGC LTD. NOIDA Branch

PART-II

Company name as per IEC	SAI IMPORT EXPORT AGRO
IEC No.	OBQPS5788N
Permanent account number (PAN)	OBQPS5788N
GSTIN	09OBQPS5788N1ZV
Is your company an MSME? If yes, provide Udyog Aadhaar reg no.	UDYAM-UP-29-006-4057
Is your company registered with any export promotion council? If yes, mention name and RCMC number	
Is your company already in exports (or) planning to export for the first time?	FIRST TIME
If your Company is into export business already, since how many years?	
Address of company as per IEC	Pusta road kanawani near Grace care academy saresh international school indrapuram Ghaziabad Uttar Pradesh 201014
Contact person with mobile number and e-mail ID Provide alternate mobile numbers also	+91 8595827184, info@saiimportexportagro.com
Company official e-mail ID (All ECGC communication will be sent to this e-mail ID)	info@saiimportexportagro.com
Bank name where current account is being held Branch name (area) Branch address	AXIS BANK, VAISHALI BRANCH, GHAZIABAD
Is your company availing any bank Finance? Mention facility name-PC/CC/OD/PS	
Anticipated export turnover for next 12 months (In crores) - INR	
Number of buyers with whom your company is dealing (along with the country name & Name of foreign buyers)	
Preference of policy looking for: Whether to cover a specific shipment (single shipment) (OR) Whole Export turnover of company (comprehensive policy) (OR) To cover risk on a particular buyer for one year	

## PART-III

Sr.No.	Description	Reply by Exporter
1	Origin country of goods	INDIA
2	Destination country of goods	DUBAI, SAUDI ARABIA, SINGAPORE MALAYSIA, THAILAND
3	Complete name and address of buyer who is placing the order- Please attached PO, if available	
4	Invoice is raised by your company on whom (complete name and address)	
5	Payment is to be received from whom (complete name and address)	
6	Consignee complete name and address	
7	Payment Terms (DP/DA-30,45,60,90,180, LC etc..)	90 Days
8	Are the Export documents routed through your bank to buyer's bank?	
9	Is your company a status holder certified by DGFT	
10	Legal Recourse will be on whom in case of non-payment by foreign party	
11	Commodity of export	RICE
12	Mode of transport (through sea/air)	SEA
13	Exports with this buyer for the first time?	
14	If already experience is there with buyer, are there any payment over dues?	
15	Is your company involved in installation or configuration of materials that is supplied by your company?	
16	Is any retention money involved? Is payment coming after 270 or 360 days from supply?	NO