## **FORM OF AFFIDAVIT**

I, Shri	Sor
of Shri	aged about Years
resident of	
being the Proprieto	or / Partner / Director of the Supplier-enterprise viz.
M/S	(address)
	, telephone no
Do hereby solemnly affirm and declare that th	e details given in the Annexure and all the records
documents submitted alongwith my application	n to the Chairperson, WBMSE Facilitation Council in
connection with non-receipt of payment from M/	S
the b	uyer, are true to the best of my knowledge & belief.
	is the day of
20 at	
Identified by me,	
Advocate	( Signature of Deponent )
Λυνυσισ	t Sidhalais di Debonent i