APP. V 97

## STATEMENT OF COMMISSION IN RESPECT OF PAYMENT RECEIVED FROM OUR PRINCIPALS

DURING THE HALF-YEAR ENDED ......NAME OF THE INDENTOR/AGENT .....

Sl. No.	Name and address of the Importer	Name and address of foreign supplier	Nature of the goods indented	Value of goods C & F or FOB	Rate of Commission	Commission earned during half- year		Name of the Authorised Dealer through
				CAFOIFOD		Repatriated	Yet to be Repatriated	whom received
(1)	(2)	(3)	(4)	(5) (6)	(7)	(8-a)	(8-b)	(9)

Note: Encashment Certificates from the Authorised Dealers concerned should be attached

in support of the amounts repatriated.

STAMP AND SIGNATURE