

**C. AFFIDAVIT FORMAT (To be printed on a stamp paper)**

I/We **NAME OF THE PERSON(S) S/O/D/O FATHER'S NAME** am/are **DESIGNATION** of **NAME OF THE ORGANISATION** solemnly state as under:-

1. **NAME OF THE ORGANISATION** referred to as 'the company' is a registered manufacturer of Biodiesel/Soap/Any other (mention named) which have a registered office at **ADDRESS OF REGISTERED OFFICE**, **NAME OF THE ORGANISATION** has manufacturing unit(s) located at **ADDRESS OF THE MANUFACTURING UNIT(S)**.
2. **That I am the authorised signatory for swearing this affidavit on part of the company**
3. I/We affirm that the Used Cooking Oil (UCO) collected from the Food Business Operators (FBOs) through the recognized aggregators/collection agencies or self will be used for the manufacture of **NAME OF THE PRODUCT**
4. I/We affirm that a quarterly statement of the UCO collected, UCO utilized, the quantity of **NAME OF THE PRODUCT** manufactured and balance UCO (if any) will be submitted to FSSAI, Food Safety Department of respective State/UT and other concerned authorities.
5. I/We affirm that the UCO collected for the company from the Food Business Operator under no circumstance will be sold to a food business operator or supplied back to food supply chain (directly/indirectly).
6. I/We affirm that it will be my/our responsibility to ensure that under no circumstance the UCO collected by the authorised aggregator(s)/collection agency will be supplied back to the food supply chain.
7. I/We affirm that I/We will provide access to the regulatory officials of FSSAI, Food Safety Department of State/UT or any representative nominated by FSSAI, Food Safety Department of State/UT to monitor or inspect the manufacturing units of the company and verify records for ensuring compliance with the directions issued by FSSAI.
8. In case of non-compliance with the directions of FSSAI, I/We will be responsible for the suitable regulatory action as per provision of FSS Act, 2006, Indian Penal Code or any other law, as applicable including suspension or cancellation of the enrollment or any other action decided by the Competent Authority.

I/We solemnly state that the contents of this affidavit are true to the best of my knowledge and belief and nothing is concealed.

**PLACE:**

**DATE:**

**Authorized Signatory**

**Verification**

Verified at New Delhi on this     day of     2022 that the contents of the above affidavit are true and correct to the best of my knowledge and belief.

Authorized Signatory

## Annexure 2

## Quarterly Report Format for NFP units

Name of the NFP unit- Period for which data is being submitted:						
S.No.	State	Qty. of UCO collected (In Kilolitres)	Total no. of FBOs enrolled for UCO collection (Attach list with name and license/ registration no.)	Name of Aggregator/ Collection Agency	Name of product manufactured using UCO	Qty. of the product manufactured ( Qty. of UCO collected (In Kilolitres)
1	A & N Islands					
2	Andhra Pradesh					
3	Arunachal Pradesh					
4	Assam					
5	Bihar					
6	Chandigarh					
7	Chhattisgarh					
8	Dadra NH & D					
9	Delhi					
10	Goa					
11	Gujarat					
12	Haryana					
13	Himachal Pradesh					
14	J&K					
15	Jharkhand					
16	Karnataka					
17	Kerala					
18	Ladakh					
19	Lakshadweep					
20	Madhya Pradesh					
21	Maharashtra					
22	Manipur					
23	Meghalaya					
24	Mizoram					

25	Nagaland					
26	Odisha					
27	Puducherry					
28	Punjab					
29	Rajasthan					
30	Sikkim					
31	Tamil Nadu					
32	Telangana					
33	Tripura					
34	Uttar Pradesh					
35	Uttarakhand					
36	West Bengal					
Total						

(Sign and Stamp of Authorised Signatory )

Name and Contact Details (Email, contact number):