



SCORE

Ref:



European Union
European Regional
Development Fund

Enrolment Form

Company name				herein known as 'the company'
Contact name				
Contact position		Advisor meeting date	/	/
Company address				
County		Postcode		
Legal status	SOLE TRADER PARTNERSHIP LIMITED COMPANY OTHER:			
Company number		VAT number		
Year established		No. employees	FTEs	
Phone number		Mobile number		
Email address				
Website				
Principal activities				

Have you received any grants or State Aid in the last three years?			YES NO
If you answered YES, please complete this table (and continue on a separate sheet if required):			
Date of payment	Organisation providing Assistance	Amount awarded	Nature of assistance
/ /		£	
/ /		£	
/ /		£	
/ /		£	

I confirm that the financial year of the company runs from _____ to _____

I further confirm that the company has received the above De Minimis aid during this financial year _____ [INSERT RELEVANT DATES] and the previous two fiscal years _____ [INSERT RELEVANT DATES]:

Are you currently seeking any other state aid (e.g. support or grants) other than those listed in above? Please specify:			
APPLIED AWARDED	Name of provider	Amount sought	What you're seeking support for
/ /		£	
/ /		£	

Note on State Aid

Please read this section carefully. Under the EC regulation 1407/2013 (*de minimis* aid regulation) there is a ceiling of €200,000 (approximately £150,000) for all *de minimis* aid provided over a period of three fiscal years (including the fiscal year in which the grant of *de minimis* aid is to be given). Any *de minimis* aid (including our support and advice) awarded to you will be relevant if you wish to apply, or have applied, for any other grant aid. It is your responsibility to report on this and any other aid received from a public source.

Failure to advise of a grant or exemption from a cost otherwise due (i.e. rate relief from public authority) could lead to the claw back of the funds plus interest. Please be aware that the value of aid provided to individuals receiving start-up assistance has been determined as £1,000 (€1,313.63 at current exchange rate) for each 12 hours' support that we provide and we anticipate providing you with 12 hours' support. **The value of support provided may increase if you access one of our grants.** Please note that **this is a free service** and the figures cited, above, relate to the value of the service provided, **not** the cost to you. For further information, please contact your Business Advisor.

You may need to declare this amount to any other UK public body intending to provide aid, in addition to any audit or other investigation, and who requests information from you on how much De Minimis aid your business has received. Therefore, we strongly recommend that you maintain a record of this De Minimis assistance for future reference. For the purposes of the relevant legislation, you must retain this letter for 3 years from the date on this letter and be able to produce it on request by the UK public authorities or the European Commission. You may need to keep this letter longer than 3 years for other purposes.

Issue No. 1	Date created: 22/08/2016	Created by: Score Project Manager
QF 57 Score Enrolment Form		

I CONFIRM THAT THE INFORMATION PROVIDED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY DATA IS PROTECTED UNDER THE TERMS OF THE DATA PROTECTION ACT 1998. MY NAME AND BUSINESS INFORMATION MAY BE RETAINED ON THE DATABASES OF NWES, NAUTILUS ASSOCIATES AND/OR ORE CATAPULT IN ORDER TO PROGRESS MY REQUIREMENTS AND MAY BE SHARED WITH PARTNER ORGANISATIONS IN ORDER TO PROCESS MY ENQUIRY OR PROVIDE FURTHER SUPPORT. THE INFORMATION IS USED TO HELP DEVELOP NEW SERVICES TO MEET BUSINESS NEEDS AND MONITOR TRENDS AS APPROPRIATE. IN PRODUCING THESE STATISTICS, INDIVIDUAL COMPANIES ARE NOT AND CANNOT BE IDENTIFIED. I WARRANT THAT I AM AUTHORISED TO SIGN ON BEHALF OF THE COMPANY AND I CONFIRM THAT I UNDERSTAND THE REQUIREMENTS OF DE MINIMIS (COMMISSION REGULATION (EU) NO. 1407/2013). I ACKNOWLEDGE THAT IF THE COMPANY FAILS TO MEET THE ELIGIBILITY REQUIREMENTS, THE COMPANY, MAY BECOME LIABLE TO REPAY THE FULL VALUE OF THE ASSISTANCE PROVIDED.

THE INFORMATION SET OUT ABOVE IS ACCURATE FOR THE PURPOSES OF THE DE MINIMIS EXEMPTION.

Signed		Print name	
Position		Date	/ /

Delivered by

In partnership with

Funded by



Issue No. 1	Date created: 22/08/2016	Created by: Score Project Manager
QF 57 Score Enrolment Form		