



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				

State Aid is publicly-funded help and support and it includes the support that we provide to you. The value of State Aid that we will provide to you has been estimated as £600 for each 12 hours' support and we anticipate providing you with 12 hours' support. (€..... per hour or € for each 12 hours' support. As converted on *insert date*) Please note that **this is a free service** and the value stated, above, relates to the value of the service provided, **not** the cost to you. Under our State Aid scheme, businesses can receive an absolute maximum of around £165,000 of State Aid in any three year period. For further information, please contact your Business Advisor.

Our own funding requires us to provide you with the following information. Under the EC regulation 1407/2013 (*de minimis* aid regulation) there is a ceiling of €200,000 (approximately £165,000) 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.

Has your business (or organisations that you may have listed at the bottom of Page 4) received any State Aid (e.g. reliefs, state-funded support or grants) in the past 3 years?	YES NO
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If you answered **YES**, above, please complete this table (continue on a separate sheet if required):

Date of payment	Name of the State Aid provider	Value of State Aid	Reason for payment
/ /		£	
/ /		£	
/ /		£	

Are you currently seeking any other State Aid – for example, grants? If **YES**, please complete the following:

Status of the State Aid	Name of the State Aid provider	Amount sought	What you're seeking support for
APPLIED AWARDED		£	
APPLIED AWARDED		£	

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

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