**2017 : 4W TEAM ENTRANT**

**Conditions Precedent**

* Please type / write in CAPITAL letters only. If you are typing use “tab” to go next
* All licenses are valid till 31st December of year of issue.
* Valid for all 4W motorsporting events
* Incomplete forms will be rejected

**Payment Terms:**

**Team Entrant – Manufacturer**

National : Rs.50,000/=

International : Rs.100,000/=

**Team Entrant – Other than Manufacturer**

National :Rs.15,000/=

International :Rs.20,000/=

CHEQUES NOT ACCEPTED.

Demand Draft in favour of “The Federation of Motor Sports Clubs of India”, payable at Chennai

NEFT Transfer. Account Holder : The Federation of Motor Sports Clubs of India, SB Account No.801010100003491, Bank : Bank of India, Adyar Branch, Chennai 600020, IFSC : BKID0008010.

Screen shot of NEFT Transfer with UTR number along with the date of transfer

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| **2017: Application for  FMSCI 4 Wheeler Team Entrant** | Manufacturer :  National  International |
| Others :  National  International |

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| **Name of the Applicant** | | | | | | | |
|  | | | | | | | |
| **Name of Team** | | | | | | | |
|  | | | | | | | |
| **Address for communication** | | | | | | | |
|  | | | | | | | |
| **City** |  | | | | **Pin Code** | |  |
| **Name of the Representative** | | |  | | | | |
| **Designation** | | |  | | | | |
| **Landline Number (With STD Code)** | | | **Mobile Number** | | | | |
|  | | |  | | | | |
| **Email** | |  | | **Previous FMSCI License No. (if any)** | |  | |

|  |  |  |
| --- | --- | --- |
| Company Seal | Signature of the Applicant | Signature of the Applicant |

Date :

**2017 INDEMNITY FORM (TO BE FILLED BY ALL APPLICANTS)**

In consideration of The Federation of Motor Sports Clubs of India (FMSCI) at my request as I do hereby acknowledge the granting of a Competition Licence to

|  |  |
| --- | --- |
| Name of the Team |  |
| Name of the Authorized Representative |  |
| Designation |  |

This is to certify that I, the undersigned, submit this application for an FMSCI Competition Licence. I hereby agree to indemnify the associations known as the FIA, FIM,CIK, FMSCI, its affiliated clubs, all sponsors and all or any members, officials or assistants of any of the above named and/or known organisations against injury or accident to myself or damage to my equipment, whether in practice or competition. I undertake to be bound by the rules issued by the FMSCI now and in the future and to any Supplementary Regulations which apply. I further certify that the competitor is medically fit to take part in motorsport events.

I certify that the information / enclosures submitted with the application form, to the best of my knowledge and belief, true, complete and correct in every particular. I agree that any Competition Licence issued is the exclusive property of the FMSCI. Only the FMSCI, as the National Sports Federation of the Government of India, has the power to grant or withdraw it and to settle any disputes that may arise from its use. By signing this form, I certify that I, shall not participate in any event deemed unauthorised by the FMSCI with this license. Finally, I hereby acknowledge that I am fully conversant with the risk and dangers of motor sports in general which I assume hereby.

**I DO HEREBY FURTHER AGREE** to keep save harmless and keep indemnified the Central and State Governments, the organisers and their respective officials, representatives, sponsors, employees, agents and all persons assisting them in this event from and against all actions, claims, cost, expenses and demands –

(a) Arising out of any failure to observe the Sporting, Technical and other applicable regulations of the FMSCI or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.

(b) In respect of death, injury, loss of or damage to any property if any or otherwise howsoever and not withstanding that the same may have been contributed to or occasioned by the negligence of the organisers and their officials, agents, representative, employees and all other persons assisting them in this event.

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| Date : | Signature of the Authorized Representative with Company Seal |
| Place : |