

Appendix I - Application for Business Development Services from the Small and Medium Business Agency (SMBA)

Name of Local Authority:

Private company / Licensed business owner / Registered association:

ID / Passport number:

Address:

Name of Authority head:

E-mail address:

Tel:

Name of applicant:

Job of applicant:

Declaration of authorized signatory or applicant on behalf of the local authority

1. I hereby declare on behalf of the local authority that it wishes to receive Business Development Services as specified in the "Rules and Regulations of MAOF Business Development Services in Local Space" published on the Ministry of Economy and Industry website, and that I have read the Rules and Regulations and understand my obligations in receiving the said services and undertake to act according to its Rules and Regulations.
2. Yes, I hereby declare that I have been given the option to contact a MAOF representative – a business development manager, for further clarifications and / or explanations, full and comprehensive, regarding the MAOF Services, my obligations, the method of payment, etc.
3. I hereby declare that I am not receiving government assistance in respect of the operations for which assistance is provided in the framework of the MAOF services and that I meet the threshold conditions for the program I have chosen.
4. I undertake to pay for the MAOF Services and the business process mapping, if necessary, and to pay the consultants and / or the operator the full participation fee on the dates required, all in accordance with the provisions of the Rules and Regulations.
5. I hereby undertake, on behalf of the local authority, to accept full responsibility in respect of receiving MAOF services, including, in particular, the consequences of the operations of the project / enterprise, including, but not limited to, the legal,

economic and business consequences of the MAOF Services, and waive any claim and / or demand against MAOF and / or the business development manager and / or the State of Israel (Including the Ministry of Economy and Industry and / or the SMBA), and this, inter alia, given my full participation, if required, in the business process mapping, selecting a consultant, the consulting / training activities and implementing the Business Development Services.

6. In order to receive the MAOF Business Development Services, which include consulting, I hereby declare that I am to sign an agreement with the consultant who draws up the terms of my engagement with him, including, in particular, my undertaking to fulfill my part of the consideration, to which the consultant is entitled pursuant to the provisions of the agreement between us.
7. I hereby declare that I am aware that MAOF and the providers of the MAOF Services, including the consultants and lecturers, are independent entities and do not act as messengers and / or employees and / or agents and / or subagents and / or proxies in any form or manner towards each other. Nevertheless, it is clarified that insofar as this relates to the roles of a business development manager - a business development manager shall act as the operator's arm. In addition, and without derogating from the foregoing, I hereby declare that I am aware that the Operator and / or the Business Development Manager and / or the providers of the MAOF Services (consultants and lecturers) do not act as messengers and / or agents and / or employees and / or proxies of the State of Israel (Including the Ministry of Economy and Industry and / or the SMBA).
8. In accordance with and subject to Section 7 above, I hereby declare that the activity of each of the above-mentioned entities, namely the Operator and / or the providers of the MAOF Services (the consultants/ lecturers) and / or the State of Israel, is within the scope of independent activity, and that no entity from among the aforesaid entities is liable with respect to the activity of another entity. I hereby declare that in light of the above, any representations and / or undertakings of the entities shall not be made the liability of another entity that did not directly present a representation and / or did not directly commit to the undertaking.
9. I hereby confirm with my signature the accuracy of the details filled out in the questionnaire, if required, and my statements above.
10. I agree to receive online mail and messages from MAOF (please mark with "X").

11. The signature of the authorized signatory declares on behalf of _____ (*name of local authority*) and is authorized to bind it with his signature, as follows:

Name of the declarant and applicant:

Role: _____ Signature: _____ Date:

Stamp:

Signature of the treasurer of the local authority: