

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

Name of Local Authority:

Private company / Licensed business owner / Registered association:

Address:

Name of local 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 support services as specified in the Terms and Conditions of the MAOF Business Support Services in Local Space (hereinafter: **"the MAOF Services"**), published on the website of the Ministry of Economy and Industry, and that I have read the Terms and Conditions and understand my obligations in receiving the said services and agree to comply with them.
2. I hereby declare that I have been given the option to contact a MAOF representative – a business support manager, for further full and comprehensive clarifications and / or explanations regarding the MAOF Services, my obligations, the method of payment, and so forth.
3. I hereby declare that I do not receive assistance from the government in respect of activities 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 session, if needed, and to pay the consultants and / or the Operator the full participation fees on the required dates, all in accordance with the provisions of the Terms and Conditions.
5. I hereby undertake, on behalf of the local authority, to accept full responsibility in respect of receipt of the MAOF services, including, and in particular, the consequences of the local authority's activities, 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 support manager and / or the State of Israel (Including the Ministry of Economy and Industry and / or the SMBA), and this, *inter alia*, in view of my full participation in the business process mapping session (if required), in selecting a consultant, in the consulting / training activities and in implementing the MAOF Services.

6. In order to receive the MAOF Services, which include consulting, I hereby declare that I have been informed that I am to sign an agreement with the consultant, which sets out the terms of 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 in any way as messengers and / or employees and / or agents and / or subagents and / or proxies towards each other. Nevertheless, it is clarified that insofar as this relates to the roles of a business support manager – a business support manager shall act as the Operator's right hand man. In addition, and without derogating from the foregoing, I hereby declare that I am aware that the Operator and / or the Business Support 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 realm 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 foregoing, any representations and / or commitments of the entities shall not be made the liability of another entity that did not directly make a representation and / or did not directly pledge a commitment.
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 (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: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp

Signature of the local authority treasurer: \_\_\_\_\_