

Appendix A – Declaration for Receiving Business Support Services from the Small and Medium-Sized Business Agency (SMBA)

Name of business / entrepreneur:

Company ID / Licensed Dealer ID / Registered Association ID:

ID / Passport number

Address:

Name(s) of owner(s) / partners:

Number of employees:

E-mail:

Phone number:

Declaration of entrepreneur / business

1. I hereby declare, both as an entrepreneur and an authorized representative of the business applying for Business Support Services as outlined in the Terms and Conditions of the MAOF Business Support Services (hereinafter: “**the MAOF Services**”), which are published on the website of the Ministry of Economy and Industry, that I have read the Terms and Conditions and understand my obligations in respect of the said services, and agree to be bound by their terms and conditions.
2. I am aware that the Terms and Conditions of the MAOF Services are updated from time to time and that amendments may be made to the said Terms and Conditions that will affect the MAOF services I receive. These amendments shall apply to all MAOF branches with no differentiation between the various operators. Below is the link to the Terms and Conditions of the MAOF Services on the SMBA website.
3. I hereby declare that I have been given the option to contact a MAOF representative – a business support manager – for further clarifications and / or a full and comprehensive explanation in respect of the MAOF Services, my obligations, the method of payment, and so forth.

4. I hereby declare, as an entrepreneur or as an authorized representative of the business, that I do not receive any kind of support service from any government entities that are essentially identical to any of the services specified in the Terms and Conditions of the MAOF Services, and that I will meet the threshold conditions for any service that I apply for.
5. I undertake to pay, as specified in the Terms and Conditions of the MAOF Services, for all services I receive, including the business process mapping, if required, and to pay the consultants and / or the operator. Participation fees shall be paid in full on the required dates, all in accordance with the provisions of the Terms and Conditions.
6. I hereby declare, as an entrepreneur or as an authorized representative of the business, that I accept full responsibility in respect of receiving the Business Support Services, including, in particular, the consequences of the project / business activity, 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 (if required); selecting a consultant; consulting / training; and implementing the MAOF Services.
7. In order to receive the MAOF Services, which include consulting, I hereby declare that I am aware that I must sign a Communication Agreement with the consultant providing the service and draw up the terms of our engagement with him, including, in particular, the consideration for the consulting service and the terms of payment.

For the purpose of receiving the MAOF Services, which include courses and trainings, insofar as the MAOF Services are not directly provided to the authorized signatory on behalf of the business, but to a contact person on behalf of the business - I hereby declare that every contact person who receives the MAOF Services on behalf of the business, shall work in the

business, and the tools and knowledge he receives, as part of the MAOF Services, shall be used to promote the business activity of the business.

8. I hereby declare that I am aware that the 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 functions of a business support manager - the business support manager shall act as the operator's right-hand man.
9. 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).
10. In accordance with and subject to Section 7 above, I hereby acknowledge that the activity of each of the above-mentioned entities, namely the operator and / or the providers of the MAOF Services (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 operations of another entity. I hereby declare that in view of the above, 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.
11. I, the undersigned, hereby declare that I belong to one of the following populations specified in Appendix II to the Terms and Conditions of the MAOF Services (you may tick more than one population):
 - The Arab community
 - The Bedouin community in the north
 - The Bedouin community in the south

The Bedouin and Circassian populations.

The Haredi (ultra-Orthodox) population

Active reservists

12. I hereby confirm with my signature that the details filled out in the questionnaire and in my declaration above, are true and accurate.

13. I undertake to update the relevant MAOF representative of any changes in one or more of the details I filled out in this questionnaire.

14. In the event that the MAOF Services are not directly provided to the authorized signatory of the applicant, the following section must be filled out:

14.1. I hereby confirm that the intermediary who will receive the MAOF Services on my behalf is _____ (full name) of ID No. _____.

15. I approve that the information I provide as part of the business mapping be shared with the consultants referred to me by MAOF so that I can receive the MAOF consulting Services. (Please note that if the declarant does not mark the checkbox with an "X", he / she will be required to contact the consultants independently. More information regarding this will be provided during the business mapping).

16. I agree to receive updates from the SMBA and from the MAOF (mark the checkbox with an "X").

17. Below is the signature of the entrepreneur / business owner, the declarant on behalf of _____ (name of business/ entrepreneur), and who is authorized to bind the business / entrepreneur with his signature:

Name of declarant and applicant: _____

Role: _____ Signature: _____ Date: _____

Please attach all relevant documents (for all the MAOF Services, with the exception of training services) to this form.