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| **SPECIMEN FORM** | | |
| **APPLICATION FOR REGISTRATION AS A SUPPLIER/CONTRACTOR - 2019** | | |
| TO BE SUBMITTED ON A COMPANY LETTER HEAD | | |
| 1 | Item of Supply of Good, Service or Work for which registration is sought (Please attach separate application for each item) |  |
| 2 | Name of Applicant |  |
| 3 | Name of the Business Institution/Company/Firm |  |
| 4 | Business Address of the Applicant |  |
| 5 | Telephone No. |  |
| 6 | Fax No. |  |
| 7 | Email Address |  |
| 8 | Status of the Supplier /Contractor - (whether Sole Agent/Importer/Manufacturer/Wholesale or Retail) |  |
| 9 | No. and date of Business Registration Certificate. Please attached a photocopy of the certificate. |  |
| 10 | ICTAD Registration No. and Grade (If Applicable) for Field of Registration. Please attach a copy of certificate. |  |
| 11 | Number of Years of Experience in the relevant Field or Trade |  |
| 12 | Period of which credit facilities are allowed |  |
| 13 | whether the delivery of Items to the University undertaken |  |
| 14 | Name of the Bankers |  |
| 15 | VAT Registration Number - (If you are not registered for VAT, please attach a letter obtained from the commissioner of Inland Revenue, Certifying that your company has not been registered for VAT ) |  |
| I/We hereby agree with the conditions stipulated by the University of Sri Jayewardenepura and submit my/our application for registration. | | |
| Date |  | Signature |