

EASTERN UNIVERSITY, SRI LANKA

Supplier Registration Form for the Year 2018

ESTABLISHMENT INFORMATION (GENERAL)

01	Name of Establishment (legal Name) :-	
02	Business Address :-	
03	Contact Name :-	
04	Telephone Number :-	
05	Fax Number :-	
06	E-mail Address :-	
07	Web Address :-	
08	Business Registration Number (Please attached Certified Copy of Business Registration) :-	
09	VAT Registration Number :-	
10	ICTAD Registration Number :-	

Mark Your Goods/Services/Civil Works Offered

11	Category Number (s) – (tick in relevant box below)											
	1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	2.5	2.6		
	2.7	2.8	2.9	2.10	3.1	4.1	4.2	4.3	5.1	5.2		
	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	6.1	6.2		
	6.3	6.4	6.5	6.6	6.7	6.8	6.9	7.1	7.2	7.3		
	7.4	7.5	7.6	7.7	8.1	8.2	9.1	9.2	9.3	9.4		
	9.5	9.6	9.7	9.8	9.9	9.10	9.11	9.12	9.13	9.14		
	10.1	10.2	10.3	10.4	10.5	11.1	11.2	12.1	12.2	12.3		
	12.4	13.1	13.2	13.3	14.1	14.2	14.3	15.1	15.2	15.3		
	15.4	15.5	15.6	15.7	15.8	16.1	16.2	16.3	16.4	17.1		
	17.2	17.3	17.4	17.5	18.1	18.2	19.1	19.2	20.1	20.2		
	20.3	20.4	21.1	21.2	21.3	21.4	21.5	21.6	21.7	21.8		
	21.9	21.10	21.11	21.12	21.13	22.1	22.2	22.3	22.4	22.5		
	22.6	22.7	23.1	23.2	23.3	23.4	24.1	24.2	24.3	24.4		
	24.5	24.6	24.7	24.8	24.9	24.10	24.11	24.12	24.13	24.14		
	24.15	24.16	24.17	24.18	24.19	24.20	24.21	25.1	25.2	25.3		
	25.4	25.5	25.6	25.7	26.							

12. Bank Draft Details

Name of the Bank & Branch		B.D No		B.D Date		B.D Amount	
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13. Nature of Business :- (tick (✓) in relevant box below :)

Manufacturer:	<input type="checkbox"/>	Importer:	<input type="checkbox"/>	Authorized Agent:	<input type="checkbox"/>
Wholesaler:	<input type="checkbox"/>	Retailer:	<input type="checkbox"/>	Contractor:	<input type="checkbox"/>
Consultant:	<input type="checkbox"/>				

14. Business Type- tick (✓) in relevant box below :

Government:	<input type="checkbox"/>	Co-operative/ Societies :	<input type="checkbox"/>	Sole Proprietor:	<input type="checkbox"/>
Partnership :	<input type="checkbox"/>	Private Limited Company:	<input type="checkbox"/>	Public Limited Company:	<input type="checkbox"/>

15. Electronic Fund Transfer System

Beneficiary Account Name	:	<input type="text"/>
Bank Account Number	:	<input type="text"/>
Bank	:	<input type="text"/>
Branch	:	<input type="text"/>

Date :.....

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Signature of Applicant
(Official Rubber Stamp)