APPLICATION FOR REGISTRATION OF LOCAL & FOREIGN SUPPLIERS FOR GOODS / SERVICES AND CONSTRUCTION WORKS

FOR THE YEAR - 2020

MINISTRY OF DEFENCE

(Local Suppliers or Local Agents are required to fill this form)

LA Code :- LA ……. (For office use)	**Sub Code :**

1. Name of the Institute (Local) :.....

   ……

2. Mailing Address :.....

   (Geographical Address) ……

3. Institute located Province : .....

4. Telephone No : .....

   Fax No : ……..

   E-Mail Address : ……..

   Web Site (URL) : ……..

5. Contact Person : ……..

Name	National ID No	Title	Tele No

6. Your business registration number and the last amended date
   No :…….. Date :……

7. **VAT No :** ……..
   (Copy of VAT Certificate should be attached)

8. Personal Tax File No :……..

9. Were you Registered with the MOD during the last year ? Yes / No
   If yes please mention the registration Number : **.....**

10. Name and Address of the Chief Executive Officer / Proprietor
    .....…….

11. Are you applying for registration as the **Local Agent** of Foreign Principal/s ? Yes / No.
    If "yes" how many principals are being represented by you ?…… (Please note that you, the local agent have to submit a separate application for each principal)

12. Are you seeking registration for the categories of **Construction Work** (**S97**) ? Yes/No.
    If "yes" what is the Registration Number and Grade Registered with;

    CIDA NO :- ……..
    Present Registered CIDA Category : - …….

13. Please give your Banker's Names.

Bank	Branch	Account No

14. A. The details of Category Fees paid to the Bank of Ceylon.

Name of the Branch (BOC) ……..... Date ……

B. Total amount paid as category fee Rs. / US$: …….. C. Number of Categories ……....

Cash Deposit Slip attach here

15. What are the Categories for which registration is sought? Please indicate Category numbers correctly (see example below before fill categories)

Number of Categories :-									

Example for filling of the above table

A1	S12	FC1	NB1						

I hereby confirm that I have read and understood the terms and conditions specified in the General Instruction issued with the application for registration of Local and Foreign Suppliers / Contractors for the year 2020 Ministry of Defence and the Departments coming under its purview and I agree with the terms and conditions stipulated in the above documents.

……
Signature of the Proprietor

Name :…….....

Designation:…….....

Date: …… (Please affix the Rubber Frank)

For office use only

Date Received :- ……2019 Serial Number :- MOD / ……/ 2020

Approved / Not Approved

If **not approved** state condition of the Application ;

* Incomplete Application Yes / No * Insufficient Data Yes / No

Date:- ……2019

Accountant (Supplies & Losses)
For Secretary Ministry of Defence

Annex "A"

REGISTRATION OF FOREIGN SUPPLIERS – YEAR 2020

(Foreign Applicants who are seeking registration themselves or
Foreign Principals of the Local Agent are required to fill this form)

Sub. Code :

1. Name of Institute :- ….....…….....…

2. Contact Person :- .....

3. Mailing Address
   - Head Office ……..……..... …….....
     ….....…….....
   - Factories ……..……..... …….....
     ……..……..... …….....
   - Local Address if any .....
     .....

4. Telephone No : .....

   Fax No : .....

   E-Mail Address : .....

   Web Site (URL) : .....

5. Whether principal is a manufacturer or an authorized agent of a manufacturer or an authorized distributor of a manufacturer?

   Manufacturer ☐ Agent ☐ Distributor ☐

6. Are you having any recognize System Certificate for Quality Assurance?
   Yes ☐ No ☐ If yes, Specify

   …….....

7. Are you associated with other Companies or Group of Companies? If so please give particulars.

   .....

8. Are you a agent for recognized Foreign Manufacturer? Yes / No

   If "yes" given details.

Name of Manufacturer	Type of Product

9. If the applicant is a local agent of a foreign supplier (manufacturer or authorized agent / distributor of the manufacturer) original letter giving **Power of Attorney** issued by the Chief Executive Officer of the principal should be attached (Faxes, telexes, photocopies will not be accepted at all).

10. What are the Categories for which registration is sought? Please indicate Category numbers correctly (see example below before fill categories)

Number of Categories : -

Example for filling of the above table

A1	FD2	J29	RD3						

11. A. The details of Category Fees paid to the Bank of Ceylon.
Name of the country …….. Name of the Bank …….....
Date ……
B. Total amount paid as category fee Rs. / US$: …….. C. Number of Categories ……..

Cash Deposit Slip attach here

If there is a Local Agent

12. Name of Local Institute : .....

13. Contact Person : .....

14. Mailing Address : …….....

…….....

15. Telephone No : .....
Fax No : …….....

E-Mail Address : …….....

16. **VAT NO** : .....

……
Signature of the Applicant

Name :.....…….

Designation : .....……

Date:……2019

(Please affix the Rubber Frank)