



**APPLICATION FOR REGISTRATION OF LOCAL & FOREIGN SUPPLIERS FOR GOODS /  
SERVICES AND CONSTRUCTION WORKS FOR THE YEAR – 2020**

1. Name of the Institute : .....
2. Registration Number : .....
3. Date of Registration : .....

(Please attach a certified copy of the Company Registration Certificate)

4. Type of Business :  
(a) Limited Liability Company ☐ (b) Partnership ☐ (c) Sole Proprietorship ☐  
(d) Other - (please specify) ..... Please attach company profile documents.

**5. Company Details**

- (i) Principal place of Business : .....
- (ii) Mailing Address : .....  
(Geographical Address) : .....
- (iii) Telephone/Mobile Nos : .....
- (iv) Fax No : .....
- (v) E-mail Address : .....
- (vi) Web Site (URL) : .....

6. Staff Strength : ☐ Less than 10 ☐ Between 10-50 ☐ Between 50-100  
☐ Between 100-500 ☐ Between 500-1000 ☐ Above 1000

7. **Details of Board of Directors & copies of National Identity Card / Passport** - Please provide as requested.

8. **Share Holders details** -Please provide as requested.

9. **Financial Status** - Please submit audited Financial Statement (including Management Accounts) of the recent financial year or Bankers details with 1 year Bank Statement

10. Factory Address(es) (If Applicable only)

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11. Details of future correspondences of the Contact Person from your organization (Authorized by the Organization)

Name/s	National ID No	Designation	Tele/Mobile Nos	Fax No	Email (compulsory)

12. Tax Payer ID / VAT No: .....  
(Copy of VAT Certificate should be attached)

13. Were you registered with the SLC during the last year? Yes / No  
If yes please mention the registration number: .....

14. Name and Address of the Chief Executive Officer / Partners/ Proprietor  
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15. 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)

16. Are you seeking registration for the categories of **Construction Work**? Yes/No  
If “yes” Registration Number and Grade:

CIDA NO: .....

Present Registered CIDA Category: .....

17. Please provide your Banker’s information (*Attach Original copy of a letter from the Banker*)

Bank	Branch	Account No

18. 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. No of Categories .....

Cash Deposit Slip attach here/SLC Payment Slip No

19. What are the Categories for which registration is sought? Please indicate numbers correctly (see example below before fill categories    Number of Categories: .....)


For example filling of the above table

A	B - 1	B - 2					
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Attach product brochures (if any), authorization letters, distributorships & agency details to substantiate your capacity.

20. Quality Certifications (If available, please attach certified copies of certificates)

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I/We hereby declare that the above information provided by me/us is true and accurate including the information provided and attached herein.

Further I/We 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 and I agree with the terms and conditions stipulated in the above documents.

Further I/We agree to immediately notify SLC any changes to the above information as and when changes are made thereto.

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Name/s & Signature/s of the Directors/ Partners/Proprietor

Date

Please affix Company Seal

(Rubber Stamp)

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**For Office Use Only**

Date Received: ..... 2019/20

Serial number : SLC / ...../2020

**Approved / Not Approved**

If not approved state condition of the Application

- Incomplete Application - Yes / No

\* Insufficient Data Yes / No

Date : ..... 2019/20

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**Aruna de Silva**

**Head of Administration**

**Sri Lanka Cricket**

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**Asantha Dassnayake**

**Manager Administration**

**Sri Lanka Cricket**