

Application for Registration of Suppliers for Year 2024/25

| | | GENERAL | INFORMATION | | | | |
|---|------------|--------------------------------------|-----------------------------|----------------------------|-----------------|----------|--|
| Company Name : | | | | Tel : | | | |
| Address : | | | | E-mail : | | | |
| Business Reg.No. | | | | Web : VAT No. BR No. | | | |
| Description of Produc | ts / Servi | ces Provide (Pls mention the item no | as per paper advertiesment) | | Remarks | (if any) | |
| Main Cafe No. Sub Category No. | | | Description | | | | |
| | | | | | | | |
| Parent Company (if any) : No. of Branches : | | | No. of Emp | oloyees : | | | |
| | | | No of Parti | ners / Direc | ctors / Owners: | | |
| NATU | JRE OF | BUSINESS | INFO | ORMATION | OF CONTAC | T PERSON | |
| Type of organisation : Proprietorship Private Limited Public Limited | | | Name : | | | | |
| | | | Designation | : | | | |
| | | | NIC No. : | | | | |
| Partnership | | | Supplier to F | PLC since : | | | |
| Others (Pls. Specifiy) | | | Mobile: | | | | |
| | | | E-mail : | | | | |
| Service / Goods o | lelivery | payment policies. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Please Tick the Ap | propriate and Provied Ce | rtified True Copies with co | ompany seal. | | | | | | | |
|--|-----------------------------------|---|----------------------|--------------------|--|--|--|--|--|--|
| VAT Certificate | | CDD Form - Indivdual | | | | | | | | |
| Business Registration | | Declaration of Benifica | | | | | | | | |
| CDD Form - Company | | Others | | | | | | | | |
| Seperote CDD form for ea | ch Partner / Director /Owners Sho | uld be submited | | | | | | | | |
| list of Documents Atta | ached (Others) | | | | | | | | | |
| best of my/our knowledge | ge.l/we are aware that non adhere | plication is true and that I/ we have nce to any of the above principles of PLC and wish to continue to be an | by me/ us will compe | I PLC to terminate | | | | | | |
| | | | | | | | | | | |
| Name | Designation | Signature & Stamp | | Date | | | | | | |
| THANK YOU FOR YOUR CORPORATION. RECOMMENDATION (for PLC use only) | | | | | | | | | | |
| 2: //2 | | | | | | | | | | |
| Reject / Reccomend | | | | | | | | | | |
| | | | | | | | | | | |
| Name | | Signature | D | ate | | | | | | |