

# SUPPLIER REGISTRATION FORM -2020/2021

## PRIVATE HEALTH SERVICES REGULATORY COUNCIL

No. 2A, "cbm" House,  
4<sup>th</sup> Floor, Lake Drive,  
Colombo-08.

### Section 1: Company details and General information (Mandatory -To be filled by the applicant)

01. Name of Company			
02. Business Registration No		03. Date of Registration	
04. Company Address			
05. E-mail Address			
06. Telephone		07. Mobile	
08. Fax		09. Web Site	
10. Supplier Type	Limited Liability Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/> Other :
11. Nature of Business	Trader * <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Authorized Agent <input type="checkbox"/> Services <input type="checkbox"/> Other: .....
<ul style="list-style-type: none"> <li>If Trader, Agent or Representative Company, not directly involved in the manufacturing process of the product, please provide:           <ol style="list-style-type: none"> <li>Certification from your principals that you are authorized to deal with their products or to act on their behalf.</li> <li>A list of business transacted in the last year for the products you wish to register, giving names and addresses of customers and value of contracts.</li> </ol> </li> </ul>			
12. Parent Company ( If any)			
13. Subsidiaries ( If any)			
14. Factory/ Workshop Address(es)	1)	2)	
15.VAT Registration No			

**Section 2: Other information (Mandatory -To be filled by the applicant)**

<b>16. Mandatory information to be attached</b>		
<ul style="list-style-type: none"> <li>Company Profile</li> <li>Information of Board of Directors / Proprietors or Partners as applicable &amp; NIC Numbers</li> <li>Information of Share Holders</li> <li>Financial Status (Please attach certified Financial Statements of the recent financial year)</li> <li>Please state if you have blacklisted from any other organization/entity ( If any, explain in a separate annexure)</li> </ul>		
<b>17. Number of Employees</b>		
<b>18. Range of Products / Services intended to offer</b>	..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... .....

(Please attach the Goods & Services list marked “J “ for the categories intend to supply.)

<b>19. Competency</b>
<ul style="list-style-type: none"> <li>Are you agreeable to submit quotations on the basis of cost per unit <span style="float: right;">(YES / NO)</span></li> <li>Any Government taxes applicable to your trade <span style="float: right;">(YES / NO)</span></li> <li>Are you agreeable to provide samples of goods if requested <span style="float: right;">(YES / NO)</span></li> <li>Wherever applicable are you agreeable to submit two separate quotations, <span style="float: right;">(YES / NO)</span> <ol style="list-style-type: none"> <li>1. Technical aspects</li> <li>2. Financial aspects</li> </ol> </li> </ul>

<b>20. Reference - Please attach minimum of 3 reference</b>		
Company/ Customer	Contact Person & Designation	Contact No
1)	1)	1)
2)	2)	2)
3)	3)	3)

<b>21. Declaration</b>		
I/We hereby declare that the above information provided by me / us are true and accurate. I/We further agree to notify any changes to the above information as and when such changes are made there to.		
..... Name & Signature	..... Name & Signature	..... Company Rubber Stamp

