**SRI LANKA STATE TRADING (GENERAL) CORPORATION**

**EXPRESSION OF INTEREST – IMPLEMENT AND MAINTAIN**

**COFEE SHOPS INSIDE Q-SHOPS**

 **SECTION 01. COMPANY DETAILS AND GENERAL INFORMATION ………...**

1. Name of the Company: ……………………………………………………………………………………………………………….
2. Business registered address: ………………………………………………………………………………………………………
3. Mailing Address: …………………………………………………………………………………………………………………………
4. Business registration No and Date: ………………………………………………………………………………………….. (Copy of business registration certificate should be attached)

 5. Name, E Mail Address, &Telephone no. of Contact Person: …………………………………………………..

 ……………………………………………………………………………………………

 6. Service representatives: …………………………………………………………………………………

 **7. Type of Business**

 Private LTD Partnership Proprietary

 08. Year Established: ………………………………….

 Business Registration Number ( BR No) : …………………………………

(Business Registration Certificate Copy to be Attached – Application will be rejected without BR Copy)

**SECTION 02. FINANCIAL INFORMATION**

 9 .Payment terms: ………………………………………………………….

 10. Annual value of total services provided for the last 3 years: …………………………………………………..

 (Attach Proof Document)

 11. Bank Details: (Bank Name & Address): ……………………………………………………………………………………..

 12. VAT registration Number (If VAT registered) : …………………………………………………………………………..

 (Copy of VAT registration certificate should be attached)

  **SECTION 03: PROPOSED QSHOP LOCATIONS**

 13. STC nominated locations for Providing Services.

 Padukka/Maththegoda/Makumbura/Padanam Mawatha/ Pettah/

Nawam Mawatha / Thalawathugoda/Malambe/Kottawa /Thangama/ Kasbewa/Maharagama/Malambe/Athurugiriya/Borella

 Locations of Service TO BE PROPOSED TO IMPLEMENT: ………………………………………..

 ………………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………

 pROPOSED mONTHLY rENTAL : rS…………………………………….

 pROPOSED ADVANCE RENTAL MONTHS : ………………………….. ( pREFERRED 12MONTHS)

 ELECTRICITY & WATER BILLS DEPOSIT Rs.100,000

 ( MONTHLY BILLS NEEDS TO PAY SEPERATELY)

**SECTION 04: PROPOSED FACILITIES**

|  |  |  |
| --- | --- | --- |
| **S: No** | **Related Service**  | **Facility Proposed at the Location** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

**SECTION 05: SERVICES / EXPERIENCE**

Proof of Current Services /Agreement with Contact Number

|  |  |
| --- | --- |
| **Service Category** | **Past Experienced / Name of customers service provided** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|   |  |
|  |  |

 **SECTION 6. STAFF RESOURCES AVAILABLE**

Include the following personal details for the current year and the previous years.

|  |  |  |
| --- | --- | --- |
|   | Last Year | Current Year |
| **Permanent Staff Total** |   |   |
| Executive |   |   |
| Technical Officers |   |   |
| Sales man |   |   |
| Supervisors |   |   |
| Other staff |   |   |
| **Contract & Casual Total** |   |   |

 **SECTION7**.

 **FOLLOWING DOCUMENTS SHOULD BE ATTACHED HEREWITH TO THE APPLICATION**

* Form 1 / Business Registration (Copy)

* ID copies of Director Board ,Names & contact numbers
* Other Partnership & Service (Currently/ Existing )

Attach Proof Document

 **SECTION 8. CONTACT PERSON**

|  |  |
| --- | --- |
| **Contact** | **Detail** |
| Name |   |
| Organization |   |
| Address |   |
| Telephone |   |
| Fax |   |
| E – mail |   |

**I, the undersigned hereby certify that information provide in his form is correct and in the event of changes details will be provided as soon as possible.**

Name: Title:

Signature: Date: