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

**INTERNAL SERVICES & SUPPLY REGISTRATION APPLICATION - 2022**

**2022-February to 2022-January (**Registration No: STC/PRO/Services2022**)**

**Services Registration Category : Number / Name**

CATEGORY

CATEGORY (Optional)

CATEGORY (Optional)

CATEGORY (Optional)

CATEGORY (Optional)

**(Registration Fee Rs. 2000 for Each Category / Online Payment Available Visa/Master Credit or Debit Card)**

**SECTIONA. SERVICE PROVIDER DETAILS .**

1. Name of the Company: ……………………………………………………………………………………………………………….
2. Business registered address: ………………………………………………………………………………………………………
3. Business registration Number:…………………………………… Date of Registration : ..............................

* Type of Registration

Proprietor Partnership Limited Liability Company

**(Copy of Certificate of Incorporation should be attached) – (A 01)**

1. Company Postal Address: ………………………………………………………………………………………………………
2. Contact Person ( Name ) ..................................................................................................................
3. Contact Person ( Designation) ......................................................
4. Contact Number (Corporate) ........................................ Mobile Number .......................................

Fax Number : ................................................... Web Site: ……………………………………………

8. Email Address: ................................................. (Mobile Whatsapp enabled) – ( Y/ N)

**9. Directros of the Firm (As** in the Form (1/20/40) as applicable /

Attach Copies of Directors Consent) ( **Required – certified ID Copies of Directors**)

Details of the Executive Board: Chairman, Directors and Chief Executive Officer.-**(A 02)**

1(Name) .................................................... 2(Name) ....................................................

(Position) .................................................. (Position) ..................................................

(Address) ................................................... (Address) ...................................................

Contact No : ............................................. Contact No : ...............................................

3(Name) .................................................... 4(Name) ....................................................

(Position) .................................................. (Position) ..................................................

(Address) ................................................... (Address) ...................................................

Contact No : ............................................. Contact No : ...............................................

**SECTION B. FINANCIAL STANDING& STAFF**.

1. Audited financial statements for the past four (02) years as below need to be attached.**(B 01)**

Following Summery needs to be completed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Financial Data | 2017  ( Audited) | 2018  ( Audited) | 2019  ( Audited) | 2020  ( Audited) | 2021  (Management Accounts Up to August 2021) | Annual  Average |
| Annual Revenue |  |  |  |  |  |  |
| Profit before tax |  |  |  |  |  |  |
| Balance Sheet Status at year end: |  |  |  |  |  |  |
| Equity |  |  |  |  |  |  |
| Liabilities |  |  |  |  |  |  |

**2. Details of company's bankers.**

i.Bank Name : ………………………………………….............................… Branch : ......................................

Account Number : .............................................(Bank Creditials Letter needs to be Attached)  **(B02)**

ii.Bank Name : …………………………………………...........................… Branch : ......................................

Account Number : .............................................(Bank Creditials Letter needs to be Attached)

3. Staff details for the current year and the previous years.

|  |  |  |
| --- | --- | --- |
| **\* Permanent Staff** | Last Year | Current Year |
| Executive |  |  |
| Technical |  |  |
| Sales man |  |  |
| Supervisors |  |  |
| Other staff |  |  |

\* Please attach a list of Employees with Technical Satff – **( B 03)**

Section C - QUALIFICATIONS and experience IN PROVIDING SERVICES .

1. **Summary** of Supplies Last Year 2020/2021

|  |  |  |  |
| --- | --- | --- | --- |
| Se.No | Product | Average Experience | Suppliers durng Last 3 Years |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |
| 07 |  |  |  |
| 08 |  |  |  |
| 09. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |

02. **Detailed List** ofCustomersduring Last 3Years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N.** | Product | **Quantity** | **Value of Suppliers** | **Ccustomer Details** |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |
| 08 |  |  |  |  |
| 09 |  |  |  |  |
| 10 |  |  |  |  |

* Attach Proof of Purchase for above –**(C 01)**
* Attach List of Major Clients –**( C 02) (Use a Duplicate of This Page if supplier requesting for registration more than 1 category)**

1. **Production , Processing and Storage Capacity with Transport /Lorries with Capacity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Se.  No | Type of Facility  (Production /  Processing/ Stores/Stock/Transport Lorry/ Container Lorry for Cargo Clearance ) | Lorry Numbers /Address and Contact Details of Stores and Production  or Transport Facilities for Cargo Clearance | Engine Capacity | Storage  Capacity |
| 01 |  |  |  |  |
|  |  |
|  |  |
| 02 |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |
| 03 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 04 |  |  |  |  |
|  |  |  |  |  |

* **Attach Full details of Faclities – ( C 03)**

**03 UPDATED Vat Registration Cetificate : ( Please attach a Copy)**

VAT Registration No : ....................................

Certificate Number : ....................................

Validity Period : .....................................

**04. SERVICES OFFERED BY THE COMPANY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SERVICES CARRIED OUT BY THE COMPANY** | **RATE** | **REMARKS** |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |
| 07 |  |  |  |
| 08 |  |  |  |
| 09 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

**\* Please attach Full List of Provided services with rates– (C 05)**

**05. Building or Construction Provider Certifications ( CIDA / ICTAD)**

1. Certificate Number: ............................**( C 06)**

(CIDA / ICTAD certificate copy to be attached)

1. ICTAD / CIDA Regisytered Contractor Since : ...................................

( Date of Registration)

1. Type Of Registration : .............................................................................................................................................
2. Level : .............................................................................................................................................
3. Contact Person ( Name ) ..................................................................................
4. Contact Number : ( Office ) .................................... ( mobile) ....................................

1. email address : ................................................
2. Facilities Available for Construction Related Services

.........................................................................................................................................................

.........................................................................................................................................................

.........................................................................................................................................................

I, the undersigned hereby certify that information provide in this form is correct and true according to my knowledge and i undestand that in an event of providing false information may result in blacklisting of my company for Sri Lanka Government Tenders.

**Supplier Commitment**:

Based on receipt of STC Official order, I/We have ability of Providing Services within Expected quality standard works, at a competitive rate in the market within the agreed time period.

Name: Title:

Signature: Date:

(Place Official Stamp Here)

**RS: 2000 Registration Fee for Each Category**

**Attach Cashier Receipt or Online Payment Emailed Receipt Here( C 07)**