SRI LANKA STATE TRADING (GENERAL) CORPORATION

# SUPPLIER REGISTRATION FORM FOR IMPORT OF COTTON YARN

**Financial Year 2022 up to December 2023**

**SECTION A. COMPANY DETAILS .**

1. Name of the Company: ……………………………………………………………………………………………………………….

2. Business registered address: ………………………………………………………………………………………………………

3. Business registration Number:…………………………………… Date of Registration : ..............................

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

4. Mailing Address: …………………………………………………………………………………………………………………………

5. Contact Person ( Name ) ..................................................................................................................

6. Contact Person ( Designation) ......................................................

7. Contact Number (Corporate) ........................................ Mobile Number .......................................

Fax Number : ...................................................

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

1. **Directros of the Firm (As** in the Form (1/20/40) as applicable / Attach a Copy of Directors Consent)

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 : ...............................................

1. T ype of Business: ………………………

Ex

Manufacturer

Trader

Exporter

## SECTION B. FINANCIAL STANDING STAFF.

1. Audited financial statements for the past four (04) years as below need to be attached.**(B 01)**

Following Summery needs to be completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Data | 2019  ( Audited) | 2020  ( Audited) | 2021  ( Audited) | 2022  (Management Accounts Up to June 2022) | Annual Average |
| Annual Revenue |  |  |  |  |  |
| Profit before tax |  |  |  |  |  |
| Balance Sheet Status at year  end: |  |  |  |  |  |
| Equity |  |  |  |  |  |
| Liabilities |  |  |  |  |  |

1. 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)

1. 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 THE INTERNATIONAL COTTON YARN .

1. Details of Cotton Yarn exported during last 03 years period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Minimum Export Experience in KG for last 3 years as annual average | Value of Exports | Number of Years of Experience | Countries of Export Shipments | Details of Consignee |
| Cotton Yarn 40s combed / 40s Carderd |  |  |  |  |  |

* + Attach Proof of Purchase for above consignments & list of Major Clients –**(C 01)**

1. **Production , Processing and Storage Capacity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Se. No | Type of Facility (Production / Processing/ Storage) | Address and Contact Details of Plants and Storage Facilities | Production Capacity | Processing Capacity | Storage Capacity |
| 01 |  |  | Day | Day |  |
| Week | Week |  |
| Month | Month |  |
| 02 |  |  | Day | Day |  |
| Week | Week |  |
| Month | Month |  |

* + Attach Full details of Facilities– **( C 02)**

## COTTON YARN AVAILABLE FOR IMMIDIATE SHIPMENT

|  |  |  |  |
| --- | --- | --- | --- |
|  | V**a**riety of Cotton Yarn  With Full Specification | Monthly Supply Capacity (KG) | Volume can be supplied with in one month after LC Open |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |

## \* Please attach Full Specifications of Product with International Certifications – (C 03)

1. Local Agents (Legally Appointed) – Only If Available **(OPTIONAL)**
   * 1. Copy of Power of attorney needs to be attached **( C 04)**

( with Registration Number)

* + 1. Agent Since ( Date of Appointment of agent)

## Validity of Power of Attorney needs to be there at least 365days beyond this registration

* + 1. Name of the Company :

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

* + 1. Address of the Company :

............................................................................................................................................. v Contact Person ( Name ) ..................................................................................

vi. Contact Number : ( Office ) .................................... ( mobile) ....................................

vii. email address : ................................................

viii. Facilities Available with Local Agent that can be utilized Free of Charge ( FOC) with importation of proposed commodities

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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.

Name:Title: Signature:Date:

(Place Official Stamp Here)

**USD 25 (Registration Fee) Paste Proof of Payment / Payment Slip Here( C 05)**