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

**FORM - A**

**STC SUPPLIER REGISTRATION APPLICATION ( GOODS) - 2023**

**2023-January to 2023-December (**Registration No : STC/Pro/RegSup2023/G**)**

**Registration Category : For OS/ICT/EE/AP/CH/FMCG/AS/ME/HR/CA/MU/SW CATEGORIES**

CATEGORY

CATEGORY (Optional)

CATEGORY (Optional)

CATEGORY (Optional)

(Registration Fee Rs. 5000 for Each Category Number, Pay Online and Attach a copy)

**Type of BUSINESS: M / SA/ SD/ D / A/ P / R** (Pl see below) **:…………………………..**

Manufacturer Sole Agent Sole Distributor Distributor Agent

Partner Reseller

**SECTION A. SUPPLIER DETAILS .**

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

* Type of Registration

Proprietor Partnership Private Limited Company Public Limited Company

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

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

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

8. **Quotations Calling Email Address 1**: ............................ **Email Address 2**: ......................................

**Email Address 3**: ................................................. **Email Address 4**: .................................................

**9. Directros of the Firm (As** in the Form (1/20/40) as applicable / Attach a Copy 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 (04) yearsas 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 trading .

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** of Major Customers during Last 3Years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N.** | Product | **Quantity** | **Value of Suppliers** | **Customer 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Se.  No | Type of Facility  (Production /  Processing/ Stores/Stock) | Address and Contact Details of Stores and Production Facilities | Manufacturing  Capacity | Storage  Capacity |
| 01 |  |  |  |  |
|  |  |
|  |  |
| 02 |  |  |  |  |
|  |  |
|  |  |
|  |  |  |  |  |
| 03 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 04 |  |  |  |  |
|  |  |  |  |  |
| 05 |  |  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

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

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

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

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

**04. PRODUCTS** **Available for Immidiate SUPPLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Product With Specification**  **Model** | **Production Year** | **Quantity** |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |
| 07 |  |  |  |
| 08 |  |  |  |
| 09 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

**\* Please attach Full Specifications of Products with Certifications – (C 05)**

05. Manufacturer Authorization Letter/Category; ………………………….

*[1. Sole agent] [2.Sole Distributor in Territory][3. Distributor][4.Agent][5.Partner][6.Reseller]*

***Required to attached completed Authorization Letter/Letters in attached format***

1. Agent/ Distributor Since : ................................... ( Date of Appointment of Distributor)
2. Name of the Mother Manufacturing Company : .............................................................................................................................................
3. Address of the Mother Manufacturing Company : .............................................................................................................................................
4. Contact Person ( Name ) ..................................................................................
5. Contact Number : ( Office ) .................................... ( mobile) ....................................

1. email address : ................................................
2. Facilities Available with Distributor that can be utilized Free of Charge ( FOC)

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

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

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 Purchase order, I/We have ability of supplying required quantity with Expected quality standard products, at a competitive rate in the market with in the agreed time period.

Name: Title:

Signature: Date:

(Place Official Stamp Here)

**RS: 5000.00(Registration Fee for each category)**

**Attach Proof of Payment / Payment Slip Here( C 07)**