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

Registration of Consultants for planning designing and supervision of multipurpose building constructions

**Registration Number : STC/Admin/24-25/BuildingConsultants**

**SECTION A. Consultatnt 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)

A02 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**.

B01. Following Summery needs to be completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Data | 2022( Audited) | 2023( Audited)  | 2024(Management Accounts Up to August 2021) | AnnualAverage |
| Annual Revenue |   |   |  |   |
| Profit before tax |   |   |  |   |
| Balance Sheet Status at year end: |   |   |  |   |
| Equity |   |   |  |   |
| Liabilities |   |   |  |   |

B02. Staff details for the current year and the previous years.

|  |  |  |
| --- | --- | --- |
| **\* Permanent Staff**  | Last Year | Current Year |
| Management  |   |   |
| Architects  |   |   |
| Engineers |   |   |
| Draftsman |   |   |
| Other staff |   |   |

Section C - QUALIFICATIONS and experience

C01. Consultations/Design and planning for Construction of Buildings for Last 5 Years

|  |  |  |  |
| --- | --- | --- | --- |
| **Se.No** | **Building Details**  | **Contact person Address**  | **Related work done and****Period of Consultancy** |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |
| 07 |  |  |  |
| 08 |  |  |  |
| 09. |  |  |  |
| 10. |  |  |  |

* Attach copies of Proof documents.

**C02. Building or Construction Provider Certifications ( CIDA)**

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

(CIDA Book copy to be attached)

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

( Date of Registration)

1. Type Of Registration : .........................................................................
2. Level : ......................................

**C03 UPDATED Vat Registration Cetificate if available : ( Please attach a Copy)**

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

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

**C04. SERVICES OFFERED BY THE COMPANY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Details of Services Required**  | **STC Requirement**  | **Supplier Response** |
| 01 | Preparation of proposals including Building Plan | Yes |  |
| 02 | 3D Artwork of the building plan | Yes |  |
| 03 | Preparation of BOQ | Yes |  |
| 04 | Interior Design, Exterior and BOQ |  |  |
| 05 | Elevators Plan | Yes |  |
| 06 | Electrical Drawing Plan | Yes |  |
| 07 | Electrical Drawing Plan | Yes |  |
| 08 | Sanitary & drainage Plan | Yes |  |
| 09 | Fire & rescue Plan | Yes |  |

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 myself/my company for Sri Lanka Government Tenders.

**Consultant 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)

**Attach Online Payment Emailed Receipt for RS: 2000 Registration Fee ( C 07)**