Office Use

**Application for the Registration of Supplier for the year – 2027**

**District Secretariat – Mannar**

| | | |
|---|---|---|
| 1 | **Registered Business Name** | |
| 2 | **Business Address** | |
| 3 | **Name of the Proprietor** | |
| 4 | **Address** | |
| 5 | **NIC No** | |
| 6 | **Business Registered No & Date (Copy to be annexed)** | |
| 7 | **Nature of the Business** | |
| 8 | **Type of the Business (Tick ☑ in the relevant Box)** | **Sole Proprietor** ☐ **Partnership** ☐<br>**Public Ltd, Liability Company** ☐ **Statutory body** ☐ |
| 9 | **Contact Details** | **i. Telephone No :.....**<br>**ii. Fax No : .....**<br>**iii. Mobile No : .....**<br>**iv. e-mail : .....** |
| 10 | **Items of Goods and Service to be registered (See the Item Code (G.1. - G.16, S.1 - S.20)** | |

| S.No | Item Code | Goods/Service Description |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

<table>
<tr><td>11</td><td>If the Contractor has already registered with CIDA/ICTAD Indicate the field of Specialization and Grade</td><td>
<table>
<tr><th>Specialty</th><th>Grade (Please Specify)</th></tr>
<tr><td>Building Construction</td><td></td></tr>
<tr><td>Highway Construction</td><td></td></tr>
<tr><td>Bridge Construction</td><td></td></tr>
<tr><td>Water Supply and Sewerage</td><td></td></tr>
<tr><td>Irrigation and Drainage Canals</td><td></td></tr>
<tr><td>Dredging and Reclamation</td><td></td></tr>
<tr><td>Storm Water disposal and Land Drainage</td><td></td></tr>
<tr><td>Maritime Construction</td><td></td></tr>
</table>
</td></tr>
<tr><td>12</td><td>CIDA/ICTAD Registration Validity Date</td><td></td></tr>
<tr><td>13</td><td>VAT Registration No (IF Any) (Copy to be annexed)</td><td></td></tr>
<tr><td>14</td><td>Name of the Bankers</td><td></td></tr>
<tr><td>15</td><td>Period of Credit Facilities</td><td></td></tr>
<tr><td>16</td><td>Any other details</td><td></td></tr>
</table>

I/ we hereby certify that the information provided in this application including annexure and supporting documents are true and accurate as at this date. I/ We am/ are aware in the event that any information given is found to be incorrect or that relevant information is with-held, my/ our application will be automatically disqualified in addition to any further action District Secretariat Mannar may decide to take.
Paying slip deposited at ……. Branch amount Rs …….
Dated on …….is enclosed herewith. Please grant me Registration as a contractor for the year 2027.

Signature :

Name of applicant :

Date of official frank :