

Office Use

Application for the Registration of Supplier for the year – 2024

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)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Sole Proprietor ☐</td> <td style="width: 50%;">Partnership ☐</td> </tr> <tr> <td>Public Ltd, Liability Company ☐</td> <td>Statutory body ☐</td> </tr> </table>			Sole Proprietor ☐	Partnership ☐	Public Ltd, Liability Company ☐	Statutory body ☐								
Sole Proprietor ☐	Partnership ☐															
Public Ltd, Liability Company ☐	Statutory body ☐															
9	Contact Details	i. Telephone No : ii. Fax No : iii. Mobile No : iv. e-mail :														
10	Items of Goods and Service to be registered (See the Item Code (G 1 - 16, S 1 - 20))	S.No	Item Code	Goods/Service Description												
11	If the Contractor has already registered with CIDA/ICTAD Indicate the field of Specialization and Grade	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Building ☐</td> <td style="width: 20%;">Grade ☐</td> <td style="width: 20%;">Road ☐</td> <td style="width: 20%;">Grade ☐</td> </tr> <tr> <td>Bridge ☐</td> <td>Grade ☐</td> <td>Irrigation ☐</td> <td>Grade ☐</td> </tr> <tr> <td>Water Supply & Sewerage ☐</td> <td>Grade ☐</td> <td></td> <td></td> </tr> </table>			Building ☐	Grade ☐	Road ☐	Grade ☐	Bridge ☐	Grade ☐	Irrigation ☐	Grade ☐	Water Supply & Sewerage ☐	Grade ☐		
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Water Supply & Sewerage ☐	Grade ☐															

12	CIDA/ICTAD Registration Validity Date	
13	VAT Registration No (IF Any) (Copy to be annexed)	
14	Name of the Bankers	
15	Period of Credit Facilities	
16	Any other details	

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 onis enclosed herewith. Please grant me Registration as a contractor for the year 2024.

Signature :

Name of applicant :

Date of official frank :