

**RAJARATA UNIVERSITY OF SRI LANKA -2024  
SPECIMEN APPLICATION FOR SUPPLIER REGISTRATION**

01 Name of the Business organization / Contractor: -  
.....

02 Address of the Business Organization/ Contractor :-  
.....

03 Telephone/Fax Number:           a. Office: .....  
  b. Mobile: .....  
  c. Fax: .....

04 Email :- .....

05 Contact Person:           a. Name: - .....  
  b. Position: - .....

06 Tax Payer Identification Number (TIN) .....

07 VAT Registration Number:- .....  
(Should attach the certified copy of VAT certificate)

08 Nature of organization:- .....  
(Whether a Government owned venture, corporation, Institution, sole proprietor, partnership or Limited liability Company, people’s Company or a Business Firm)

09 Whether Manufacturer, Sole Importer, Sole Agent, Sole Distributors or Stockiest, etc: -  
.....

10 Name of the Owner: - .....

11 Registration Number: - .....  
(A copy of the certificate of Business Registration or CIDA should be attached)

12 Name of Bankers and Account Number: - .....

13 Whether agreeable to give 30 days credit facility: - .....

14 Category numbers apply for supply registration (Pls. write the numbers)


15 Total Amount Paid: .....  
(LKR 1,000.00 for each category)

Date .....

.....

Signature of Applicant  
(Official Seal)