

Distilleries Company of Sri Lanka PLC

Supplier Registration Form



SUPPLIER NAME:



To the supplier

This information will be used by DCSL to record your type of business and the details of your company. Please complete the required sections of the form and return to DCSL.

Section A: GENERAL

Name of Company: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Internet Address: _____

Date Company Established: _____

Company Registration Number: _____

Registration Date and Location: _____

VAT Registration Number: _____

NBT Registration Number: _____

Key Contact: _____

Position within company: _____

Telephone/Mobile No.: _____

Email Address: _____

A1. What services/products/technology does your company provide? What is your core business?

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A2. Provide a list of your major customers?

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Section B: CATEGORY (Product/Services Details) you wish to register with DCSL

Category	Please mark (√) the appropriate Rows
Fixed Assets	
Stationary	
Printed Forms	
Promotional Items	
Consumable items	
Services	
Computer Accessories	
Consumable Material	
Office Equipment	
Packing Materials	
Paints	
Production Materials	
Raw Materials	
Spare Parts	

Section C: BANK INFORMATION

ACCOUNT NAME (Optional)		
BANK ADDRESS		
		CODE
NAME OF BANK		
BRANCH		
ACCOUNT NUMBER		

Signature : _____

Signed by : _____

Designation : _____

Date : _____

Company Seal:



CHECK LIST

(TO BE FILLED BY THE SUPPLIER)

Supplier Name :

We are enclosing the following documents for your records

- 1 Supplier Registration Form
- 2 Letter Confirming Bank Details
- 3 Certified Copy of Business Registration/
Certificate of Incorporation
- 4 Certified True copy of Form 20
(Latest) / Copy of NIC for Partnerships/
Proprietorship
- 5 Copy of NBT Registration
- 6 Copy of VAT Registration
- 7 List of Major Customers

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(Signature with company Seal)

Registration Form with supporting documents should be submitted with checklist to the DCSL Procurement Division.

For Office Use only

Received Documents in Full	Yes <input type="checkbox"/>	No. <input type="checkbox"/>	
Vendor Approval Status	Approved <input type="checkbox"/>	Trial <input type="checkbox"/>	Rejected <input type="checkbox"/>

Reason for Rejection:

Checked By:
Senior Executive - Procurement

Date:

Approved By:
Manager - Procurement

Date: