

UNIVERSITY OF VISUAL AND PERFORMING ARTS

COLOMBO 7

REGISTRATION OF SUPPLIERS – 2025

SPECIMEN APPLICATION FORM

01. Name of Applicant:.....
02. Name of Company:.....
03. Name and number of supply/services for which registration is applied for:
.....
04. Address:.....
05. Telephone:.....
06. Fax:.....
07. Email address:.....
08. Business registration number:.....
09. Please indicate the nature of business (sole, partnership, limited company or other)
.....
10. Whether a manufacturer, wholesale importer, wholesale distributor, wholesale trader
or other type of trader:.....
11. Name of banker:.....
12. Value of Credit limit – Rs..... Time (months):.....
13. Names of institutions for which supplies/services are provided now.....
.....
14. Are you a registered tax payer?
15. If you pay taxes, your Inland Revenue Department registration number:.....
16. (a) Receipt number and amount mentioned in receipt issued by the University.....
(b) Number, value and name of bank issuing bank order/ Bank Deposit
(Please attached original of the Receipt/ Deposit slip).....
15. Vat Registration Number:.....

Date:

Signature & Name of Applicant.