UNIVERSITY OF VISUAL AND PERFORMING ARTS

COLOMBO 7

REGISTRATION OF SUPPLIERS – 2027

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. Mobile No:…….

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.