

**APPLICATION FOR REGISTRATION OF LOCAL
SUPPLIERS FOR GOODS / SERVICES AND CONSTRUCTION WORKS
FOR THE YEAR - 2020**

KINGS HOSPITAL COLOMBO (PRIVATE) LTD

18/A, Muhandiram E.D. Dabare Mawatha, Colombo 05.

SRI LANKA.

Phone: 0117743743

email:procurement@kingshospital.lk

website : www.kingshospital.lk

PRE-REGISTRATION FORM

Issued to (Name of Company)

Address

Item Category

Telephone Number/s.....

Mobile Number / s.....

Fax Number / s.....

E-mail Address.....

The following documents are to be forwarded on or before 30th March 2020 to reach the Finance Division.

- a. Duly completed pre-registration Form .
- b. Application for Pre-qualification Form I
- c. Duly completed record of past experiences Form II
- d. List of the Items/Services which can be provided Form III
- e. Certified copy of the Certificate of Registration of Incorporation
- f. Latest certified form 20
- g. A copy of the receipt issued for the payment of non-refundable deposit/s.
- h. Supplier has to maintain his prices given for Kings Hospital.
- i. Hospital has the authority to discontinue the services of any supplier.

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Signature.

For office use only

Cash Receipt Number.....

Form: I

**APPLICATION FOR PRE-QUALIFICATION
REGISTRATION OF LOCAL
SUPPLIERS FOR GOODS / SERVICES AND CONSTRUCTION WORKS
FOR THE YEAR - 2020**

KINGS HOSPITAL COLOMBO (PRIVATE) LTD

Phone: 0117743743

email: procurement@kingshospital.lk

website: www.kingshospital.lk

(Local Suppliers or Local Agents are required to fill this form)

Sub. Code

Intended Category

Name of Applicant.....

Address

Telephone Number/s

Mobile Number/s

Fax Number/s

E-mail Address

Website (URL)

Business Registration No.

Nature of Business

Principle Line of Business

If the Applicant is a Ltd
Liability Co.

Names of Directors

If the Applicant is a
Partnership. Names of
Partner

Proprietor

Names of Bankers

Have you registered for VAT? YES / NO
(If registered, please attach VAT Certificate.)

Credit Period

The details of Category Fees paid to the.

Name of the Bank and branch () Date

Total amount paid as category fee Rs. C. Number of Categories

Cash Deposit Slip attach here are you applying for registration as the Local Agent? Yes / No.

If “yes” how many principals are being represented by you? (Please note that you, the local agent have to submit a separate application for each principal)

I hereby confirm that I have read and understood the terms and conditions specified in the General Instruction issued with the application for registration of Local Supplier / Contractors for the year 2020 Kings Hospital (Private) Ltd and I agree with the terms and conditions stipulated in the above documents.

.....
Signature of the Directors/Partners/Proprietor

Name:

Designation:

Date: (Please affix the Rubber Frank)

For office use only

Date Received: -2020

Serial Number: - // 2020

Approved / Not Approved

If **not approved** state condition of the Application;

* Incomplete Application Yes / No

* Insufficient Data Yes / No

Date: -2020

Accountant (AP)

For Kings Hospital Colombo (Private) Ltd

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Form III

**REGISTRATION OF LOCAL
SUPPLIERS FOR GOODS / SERVICES AND CONSTRUCTION WORKS
FOR THE YEAR - 2020**

KINGS HOSPITAL COLOMBO (PRIVATE) LTD

Phone: 0117743743

email: procurement@kingshospital.lk

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ITEM / CATEGORY

ITEM

PRICE

BR,
