**SRI LANKA STATE TRADING (GENERAL) CORPORATION**

**REGISTRATION FORM FOR WHAF CLEARING AGENTS**

**2021/up to December 2022**

**SECTIONA. COMPANY DETAILS .**

1. Name of the Company: ……………………………………………………………………………………………………………….
2. Business registered address: ………………………………………………………………………………………………………
3. Business registration Number:…………………………………… Date of Registration : ..............................

 **(Copy of Certificate of Incorporation should be attached) – (A 01)**

1. Mailing Address: …………………………………………………………………………………………………………………………
2. Contact Person ( Name ) ..................................................................................................................
3. Contact Person ( Designation) ......................................................
4. Contact Number (Corporate) ........................................ Mobile Number .......................................

Fax Number : ...................................................

8. Email Address: ................................................. (Mobile Whatsapp enabled) – ( Y/ N)

**9. Directros of the Firm (As** in the Form (1/20/40) as applicable / Attach a Copy of Directors Consent)

Details of the Executive Board: Chairman, Directors and Chief Executive Officer.-**(A 02)**

1(Name) .................................................... 2(Name) ....................................................

(Position) .................................................. (Position) ..................................................

(Address) ................................................... (Address) ...................................................

Contact No : ............................................. Contact No : ...............................................

3(Name) .................................................... 4(Name) ....................................................

(Position) .................................................. (Position) ..................................................

(Address) ................................................... (Address) ...................................................

Contact No : ............................................. Contact No : ...............................................

10. Years of Whaf Clearing Business: ……………………… ( Attach Proof Documents –A 03)

**SECTION B. FINANCIAL STANDING& STAFF**.

1. Audited financial statements for the past four (02) yearsas below need to be attached.**(B 01)**

 Following Summery needs to be completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Data | 2019( Audited) | 2020( Audited)  | 2021(Management Accounts Up to August 2021) | AnnualAverage |
| Annual Revenue |   |   |  |   |
| Profit before tax |   |   |  |   |
| Balance Sheet Status at year end: |   |   |  |   |
| Equity |   |   |  |   |
| Liabilitiess |   |   |  |   |
| **Revenue Earned from Whaf Clearing** |  |  |  |  |

2. Details of company's bankers.

i.Bank Name : ………………………………………….............................… Branch : ......................................

Account Number : .............................................(Bank Creditials Letter needs to be Attached)  **(B02)**

**3. Staff details for the current year and the previous years.**

|  |  |  |
| --- | --- | --- |
| **\* Permanent Staff**  | Last Year | Current Year |
| Imports Executive |   |   |
| Whaf Clerks  |   |   |
| Whaf Assitants |   |   |
| Supervisors |   |   |
| Other staff |   |   |

**\* Please attach a list of Relevent Employees with CV’s – ( B 03)**

Section C - fleet of vehicles & storage .

**04. Vehicle fleet available**

(Copy of revenue license /along with certified copy of rental agreement copy to be attached)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vehicle Type & Number** | **Registered Year** | **Capacity of Vehicle****(MT - Metrc Tons)** | Type of Ownership(Owned / Rented) |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |
| 08 |  |  |  |  |
| 09 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |

**\* Copy of revenue license /along with certified copy of rental agreement copy to be attached – (C 05)**

**04. Store facilities**

(Copy of fumigation Certification and Proof of Billing with Electricity bill copy needs to be attached)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  **Store Address with Contact Number** | **Ownership date** | **Fumigation Certification****Validity** | **Capacity** **(MT - Metrc Tons)** | Type of Ownership(Owned / Rented) |
| 01 |  |  |  |  |  |
| 02 |  |  |  |  |  |
| 03 |  |  |  |  |  |
| 04 |  |  |  |  |  |
| 05 |  |  |  |  |  |
| 06 |  |  |  |  |  |

**\* Copy of Fumigation Certification along with certified copy of rental agreement copy to be attached – (C 06)**

I, the undersigned hereby certify that information provide in this form is correct and true according to my knowledge and i undestand that in an event of providing false information may result in blacklisting of my company for Sri Lanka Government Tenders.

Name:Title:

Signature:Date:

(Place Official Stamp Here)

 **Rs.5000 (Registration Fee) Paste Proof of Payment / Payment Slip Here( C 07)**