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

**EXPRESSION OF INTEREST – IMPLEMENT AND MAINTAIN**

**COFEE SHOPS INSIDE Q-SHOPS**

**SECTION 01. COMPANY DETAILS AND GENERAL INFORMATION ………...**

1. Name of the Company: ……………………………………………………………………………………………………………….
2. Business registered address: ………………………………………………………………………………………………………
3. Mailing Address: …………………………………………………………………………………………………………………………
4. Business registration No and Date: ………………………………………………………………………………………….. (Copy of business registration certificate should be attached)

5. Name, E Mail Address, &Telephone no. of Contact Person: …………………………………………………..

……………………………………………………………………………………………

6. Service representatives: …………………………………………………………………………………

**7. Type of Business**

Private LTD Partnership Proprietary

08. Year Established: ………………………………….

Business Registration Number ( BR No) : …………………………………

(Business Registration Certificate Copy to be Attached – Application will be rejected without BR Copy)

**SECTION 02. FINANCIAL INFORMATION**

9 .Payment terms: ………………………………………………………….

10. Annual value of total services provided for the last 3 years: …………………………………………………..

(Attach Proof Document)

11. Bank Details: (Bank Name & Address): ……………………………………………………………………………………..

12. VAT registration Number (If VAT registered) : …………………………………………………………………………..

(Copy of VAT registration certificate should be attached)

**SECTION 03: PROPOSED QSHOP LOCATIONS**

13. STC nominated locations for Providing Services.

Padukka/Maththegoda/Makumbura/Padanam Mawatha/ Pettah/

Nawam Mawatha / Thalawathugoda/Malambe/Kottawa /Thangama/ Kasbewa/Maharagama/Malambe/Athurugiriya/Borella

Locations of Service TO BE PROPOSED TO IMPLEMENT: ………………………………………..

………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………

pROPOSED mONTHLY rENTAL : rS…………………………………….

pROPOSED ADVANCE RENTAL MONTHS : ………………………….. ( pREFERRED 12MONTHS)

ELECTRICITY & WATER BILLS DEPOSIT Rs.100,000

( MONTHLY BILLS NEEDS TO PAY SEPERATELY)

**SECTION 04: PROPOSED FACILITIES**

|  |  |  |
| --- | --- | --- |
| **S: No** | **Related Service** | **Facility Proposed at the Location** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

**SECTION 05: SERVICES / EXPERIENCE**

Proof of Current Services /Agreement with Contact Number

|  |  |
| --- | --- |
| **Service Category** | **Past Experienced / Name of customers service provided** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 6. STAFF RESOURCES AVAILABLE**

Include the following personal details for the current year and the previous years.

|  |  |  |
| --- | --- | --- |
|  | Last Year | Current Year |
| **Permanent Staff Total** |  |  |
| Executive |  |  |
| Technical Officers |  |  |
| Sales man |  |  |
| Supervisors |  |  |
| Other staff |  |  |
| **Contract & Casual Total** |  |  |

**SECTION7**.

**FOLLOWING DOCUMENTS SHOULD BE ATTACHED HEREWITH TO THE APPLICATION**

* Form 1 / Business Registration (Copy)

* ID copies of Director Board ,Names & contact numbers
* Other Partnership & Service (Currently/ Existing )

Attach Proof Document

**SECTION 8. CONTACT PERSON**

|  |  |
| --- | --- |
| **Contact** | **Detail** |
| Name |  |
| Organization |  |
| Address |  |
| Telephone |  |
| Fax |  |
| E – mail |  |

**I, the undersigned hereby certify that information provide in his form is correct and in the event of changes details will be provided as soon as possible.**

Name: Title:

Signature: Date: