



APPLICATION FOR REGISTRATION OF
ACS -AC SERVICE DEALERS &
ECS –HOUSEHOLD ELECTRICAL ITEMS SERVICE DEALERS,
(Registration No : STC/Pro/Service2526)

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. Contact Person: Name Contact No :
- Valid Email Address** Email 1..... / Email 2.....
6. Technical Contact Name : Email
- Contact No :

SECTION 02. TYPE OF SERVICE

07. Household Electronic items Repair ☐

- ☐ LED TV Repair ☐ Fridge Repair ☐ Microwave Ovens, Air Fryer,
☐ Washing Machine Repairs ☐ Fans & Ceiling Fan Fixing ☐ Electrical House Wiring
☐ Solar Systems Installations & Repairs ☐ Instant Water Heaters ,
☐ Electric Kettle, Rice Cookers, Irons

08. AC Fixing and Servicing ☐

- ☐ AC Installations ☐ AC Repair ☐ AC Services ☐ Fridge Repairs & Service
☐ Others

SECTION 03. BUSINESS REGISTRATION

☐ Proprietor ☐ Private Limited Company ☐ Public Limited Company

09. Year OF Established:

Business Registration Number (BR No) :

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

SECTION 04. FINANCIAL INFORMATION

10 .Payment terms:

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

(Attach Proof Document)

12. Bank Details: (Bank Name & Address):

13. VAT registration Number (If VAT registered) :
(Copy of VAT registration certificate should be attached)

SECTION 05: SERVICE LOCATION AND COVERED AREA

14.Address of Physical Service Centre:
.....
.....

15. Ownership of the Property: (Rented / Owned)

(Proof of ownership has to be attached)

16. Mark service areas that can be covered from below list.

- | | | | | | | | |
|---------------------------|--------------------------|----------------|--------------------------|--------------|--------------------------|------------------|--------------------------|
| 1. Colombo District | <input type="checkbox"/> | 2.Kandy | <input type="checkbox"/> | 3.Kurunagala | <input type="checkbox"/> | 4.Galle / Matara | <input type="checkbox"/> |
| 5. Batticaloa | <input type="checkbox"/> | 6.Anuradhapura | <input type="checkbox"/> | 7. Jaffna | <input type="checkbox"/> | | |
| 8. Any other Area : | | | | | | | |

17. Time period required of attend the service:

SECTION 06: AVAILABLE FACILITIES

| S: No | Related Service | Facility Available |
|-------|-----------------|--------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

SECTION 07 : SERVICES / EXPERIENCE

Proof of Current Services /Agreement with Contact Number

| Service Agreement type & Customer or institute name | Name & Contact Number of customer |
|---|-----------------------------------|
| | |
| | |
| | |
| | |
| | |

SECTION 08. TECHNICAL STAFF

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

| Technical Staff Category | Current Year |
|--------------------------|--------------|
| Technicians | |
| Supervisors | |
| Labor | |
| Other staff | |

(Attach CV's of above technical staff)

SECTION 09. MAINTANANCE FACILITY (ELECTRONICS /AIRCONDITIONERS)

| Vehicle No or Workshop Facility | Ownership Types Rent /Owner | Type of Vehicle & Made Or Workshop Facility | Brand |
|---------------------------------|-----------------------------|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 10. CONTACT PERSON

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

18.FOLLOWING DOCUMENTS SHOULD BE ATTACHED HEREWITH TO THE APPLICATION

- 18.1) Form 1 / Business Registration (Copy) ☐
- 18.2) ID copies of Director Board ,Names & contact numbers ☐
- 18.3) Service Agreements (Currently Active / Previously completed) ☐
- 18.4) CV s of Technicians Available ☐

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:

(Place Official Stamp)