



IMPORTER REGISTRATION APPLICATION FORM

01. Name of the Company :

Type of Business Entity :-

Sole Proprietorship	<input type="checkbox"/>	Limited Liability Company (LLC)	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Private Share Holding Company	<input type="checkbox"/>
Public Share Holding Company	<input type="checkbox"/>	Branch of GCC Companies	<input type="checkbox"/>
Branch of Foreign Companies/Representative Office	<input type="checkbox"/>	Branch of Free Zone Company	<input type="checkbox"/>
		Other (please specify) :-	<input type="checkbox"/>

02. Brand Name :

03. Current Business Activities

Importing	<input type="checkbox"/>	Re Exoprtng to GCC	<input type="checkbox"/>
Cold Storage	<input type="checkbox"/>	Whole Sale	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Distribution	<input type="checkbox"/>
Online	<input type="checkbox"/>	Other (please specify) :-	<input type="checkbox"/>

04. Business License No :

Date of Establishment
(Date) (Month) (Year)

Date of Expiry
(Date) (Month) (Year)

05. Tax Registration No (TRN) :

06. Registered Business Address :

Telephone :
Mobile :
email ID :
Website :

07. Operation Office Address :

Telephone :
Mobile :
email ID :

08. Store / Cold Storage Address :

Telephone :
Mobile :
email ID :

09. Number of Employees :

10. Current Method of Import Sea Air

11. Current Countries of Importing
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12. Recommended Exporter :

Registered Business Address :

Telephone :

Mobile :

email ID :

Website :

13. Declaration

I / We hereby declare that the particulars and the statement made in this application are true and correct to the best of my / our knowledge and belief and nothing has been concealed or held there from. Also, I / We understand that any information furnished in the application if proved incorrect or false will render me/us the cancellation of registration with the Consule General of Sri Lanka, Dubai & Nothern Emiratres, UAE.

Name(s), Designation(s) and Signature(s) of the Applicant(s):

- 1) :
- 2) :
- 3) :
- 4) :

Date:

(Official Stamp)

FOR OFFICIAL USE ONLY

Date Received

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(Date) (Month) (Year)

Vetted

Owner / Directors Passport Copies	
Owner / EID Copies	
Business License Full Copies (03 Pages)	
TRN Certificate	
Deed / Lease Agreement	
Memorandum of Association	

Registration Approved / Disapproved:

Date **Signature**

Designation **Name**

