

Board of Investment of Sri Lanka

APPLICATION FOR REGISTRATION OF SUPPLIERS AND SERVICE PROVIDERS FOR GOODS & SERVICES FOR THE YEAR 2024

1. Name of the Supplier

.....

2. Postal Address

.....

.....

3. Telephone Nos

.....

Fax Nos

.....

E-Mail Address

.....

Website

.....

4. Contact Person

Name (Mr./Mrs./Ms)	Title	Contact No/s

5. Business registration details

(Copy of Business Registration Certificate should be enclosed)

Note: Please note that Business Registration Certificate should be relevant to the category of item applied for.

No

Date

6. VAT Registration Number

.....

(Copy of VAT Registration Certificate should be enclosed)

7. NIC Number of the owner if the business entity is a Sole Proprietorship

.....

(Copy of NIC should be enclosed)

8. You may submit the attached form for withholding tax (WHT)/ Advance Income Tax (AIT) declaration, if applicable.

9. Banker's Information

Bank	Branch	Account No.

10. Category & Category Number applied for

Category	Category Number

Item/s Dealing with

- a. d.
 b. e.
 c. f.

11. Credit Facility

(Should be in a position to grant credit facility covering a minimum period of One month)

Whether Credit Facility is Available (YES/NO)	Maximum Amount (Rs.)	Period

.....
 Signature of authorized officer

Name

Title

Date (Please affix the company seal)

For office use only

Receipt / Tax invoice		Amount (With VAT) (Rs.)
No.	Date	

Withholding Tax (WHT)/ Advance Income Tax (AIT) Declaration

Executive Director - Finance

Board of Investment of Sri Lanka

Finance Department , Level 08

World Trade Centre

Colombo 01

Dear Sir/ Madam

DECLARATION BY RESIDENT INDIVIDUALS/ RESIDENT ENTITIES

Nature of the Payment : Rent/ other periodic payment/
Year of Assessment : 2024

As per the provisions of the Inland Revenue Act No. 24 of 2017 and further instructions issued under circular No: SEC/ 2020/ 04 of 19.05.2020. I hereby request to Deduct / Not to Deduct, the Withholding Tax (WHT) / Advance Income Tax (AIT) from above payments.

Name of Resident Individual/ Entities :

Address :
.....
.....
.....

National Identity Card No.

Taxpayer Identification No.

.....
Signature of the Declarant

.....
Date