

**REGISTRATION OF LOCAL & FOREIGN
SUPPLIERS FOR GOODS / SERVICES AND CONSTRUCTION WORKS
FOR THE YEAR - 2017
OASIS HOSPITAL (PVT) LTD**

18/A, Muhandiram E.D. Dabare Mawatha, Colombo 05, SRI LANKA.

Phone: 0115424543 – Ext. 439, Fax:0112369112, email:manoja@oasishospital.lk, website : www.oasishospital.lk

GENERAL INSTRUCTIONS , TERMS & CONDITIONS

1. Applications for registration of suppliers for the year 2017 could be obtained from Accountant (AP) from 17th July 2017 to 30th August 2017 onwards without any charge.
2. Applicants are requested to furnish accurate information. If any information given is found to be inaccurate or any vital information is found withheld, the applicant will be disqualified for registration. An incomplete or illegible application will also be rejected.
3. Supporting documents should be attached to the application. Such documents should be serially numbered. The total number of pages should be indicated on the top right-hand corner of the main application.

3.1 Following documents should be attached with the application.

Institutions who are seeking registration should provide certified copies of under mentioned legal documents (along with other documents) with the application.

- a. Limited liability companies - Articles of Association
- b. Other institutions - Business Registration Certificates.

- In respect of registration of foreign suppliers by the local agents, the **Original Power of Attorney** signed by the Chief Executive Officer of the principal and authenticated by an Attorney at Law or a Notary of Public in the respective country should be provided. (If the Original copy is required, forward a request together with a copy of it) The validity period of this Power of Attorney should be clearly indicated and should include the period from 17.07.2017 to 31.12.2017 Fax, Telex or any other means will not be accepted.
- In the case of a supplier or his principal is not the manufacturer, the manufacturer should issue a letter of authority to the effect that the supplier or his principal is an authorized dealer or distributor.
- A letter to certify the Banking Account. (Bankers recommendation and the continuation of the relevant Current Account since the commencing date of the Banking Account by the applicant concerned.)
- **Original Copy of the Cash Deposit Slip which utilized for the Category Payments (Issued by the Bank of Ceylon) should be compulsorily attached.**

4. Duly completed application forms together with all the necessary documents and covering letter should be sent by registered post to reach;

Accountant (AP)
OASIS Hospital (Pvt) Ltd.
18/A, Muhandiram E.D. Dabare Mawatha,
Colombo 05.

Not later than **on30th August 2017**. The top left-hand corner of the envelope containing the application in respect of Local Suppliers should be marked as "**REGISTRATION OF SUPPLIERS – 2017 (Local)**" and Foreign Suppliers or their Local Agents marked as "**REGISTRATION OF SUPPLIERS – 2017 (Foreign)**". Hand delivered applications *will not be accepted*. Oasis Hospital (Pvt) Ltd will not take any responsibility / liability if any delay in post / mail.

General Instructions to the Applicant

5. A registration fee of Rs. 1,500/- (Rs. One Thousand five hundred) will be charged against each **CATEGORY** in respect of Local Applicants and US\$ 15/- IN RESPECT OF FOREIGN Applicants. If the requisition is made to register by a local supplier (Local Agent) in respect of more than one principal, a separate application should be submitted for each such principal. Category payments should be made to the Account No 115010144463 of the KolpetyBranch of Hatton National Bank PLC through any branch of Hatton National Bank PLC . Foreign Suppliers (in the case of unavailability of a local agent) should use the SWIFT CODE to credit the payments to the Bank of Ceylon for the category charges US \$ 15/- each in order to register under a single category.

Swift No	-	HBLIKLX001
Branch Code	-	115
Account No	-	115010144463

6. Local Suppliers should pay the category charges by filling Cash Deposit slip as mentioned in the form below.

F.Y.C. :-In the event of paying the category charges to the bank, Name of the Institution and the Purpose should be compulsorily entered to the Computer through the Bank Officer who is in charge of accepting the money. If not the application will be rejected.

பெயர் Name of Account Holder OASIS HOSPITAL (PVT) LTD இலக்கம் Account No. 115010144463 தேதி Date 0 0 M M 2017 வைப்பு செய்தவர் Depositor's Ref. No.	DEPOSIT SLIP
* இது குறித்து வரலாறு இல்லாத காலத்தில் 200,000/- ீ வகி வைப்பு செய்துள்ளதால், அதற்கான வட்டி சரி செய்து தரப்படும். இந்தப் பத்திரத்தின் பின்புறத்தில் குறிப்பிடப்பட்ட மேலதிக விபரங்கள் கணக்கு உரிமையாளர் அன்றி வேறு ஒருவர் ரூ. 200,000/- இற்கு மேல் வைப்பு செய்யும் போது, பூர்த்தி செய்யப்பட வேண்டும். Please complete the "Additional Details" required overleaf for deposits in excess of Rs. 200,000/- made by a person other than the Account Holder.	பணம் அளவு Amount 150000
ஏதாவது கேள்விகளைக் கேள்வி கேளுங்கள் Have any queries? Please ask them	வட்டி வட்டி Interest 150000

FOR BANK USE ONLY																																																													
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- 7. A copy of the Vat Certificate should be forwarded. It is liable to be canceled without notice of those suppliers who have given an incorrect Vat number.
 - 8. Delete Yes / No tags against appropriate question without fail.
 - 9. Please write NA (not applicable) against any item that does not applicable to the applicant.
 - 10. Any amendments or changers of Mailing address of a company (local or foreign) after registrations will be considered only if such request is accompanied by a true copy of the amended certificate issued by respective company house (local or foreign) in connection with the said amendment.
- 11 Note that there can be no change or alternation of CATEGORY under any circumstance after registration.**
- 12. Oasis Hospital (Pvt) Ltd will not be held responsible for any mistakes or oversight of the applicant.
 - 13. Further inquiries in respect of the Registration of Suppliers 2017 can be made to the following Officers.

Accountant (AP)

Telephone – 0115424543 – Ext. 439

(during office hours only)

E-mail – manoja@oasishospital.lk

14. Supplier should hold stock on our behalf as required and all suppliers will agree automatically to provide one month credit facility when they register under Oasis Hospital (Pvt) Ltd.
15. Restricted quotations will normally be called from the registered suppliers. However, the Oasis Hospital (Pvt) Ltd reserves the right to call quotations from a short-listed supplier or from any other supplier, when it is necessary.
16. A committee appointed by the Oasis Hospital (Pvt) Ltd will consider all the applications and will take necessary action to register only applicants those who have fulfilled the requirements. Those who are not completed / not fulfilled the requirements satisfactorily, and late applications will be rejected.
17. Registration is liable to be canceled without notice of those suppliers who fail to quote even “No quote” quotations during 4 times when requested or fail to execute an order on time or fail to submit samples when requested or whose supplies do not confirm to specifications or differs from the approved samples.
18. The list of registered suppliers/contractors for the year 2016 presently maintained **will become non operative** after issuing the list of registered suppliers for the year 2017.
19. Authority to take final decisions over the Registration of Suppliers for the year 2017 is vested in the Oasis Hospital (Pvt) Ltd