

**APPLICATION FOR 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

PRE-REGISTRATION FORM

Issued to (Name of Company)

Address

Item Category

Telephone Number/s.....

Mobile Number / s.....

Fax Number / s.....

E-mail Address.....

The following documents are to be forwarded on or before 30th August 2017 to reach the Finance Division.

- a. Duly completed pre-registration Form .
- b. Application for Pre-qualification Form I
- c. Duly completed record of past experiences Form II
- d. List of the Items/Services which can be provided Form III
- e. Certified copy of the Certificate of Registration of Incorporation
- f. Latest certified form 20
- g. A copy of the receipt issued for the payment of non-refundable deposit/s.
- h. Supplier has to maintain his prices given for the period up to 31.12.2017.
- i. Immediate delivery as and when required to Oasis Hospital.
- j. Hospital has the authority to discontinue the services of any supplier.

.....

Signature.

For office use only

Cash Receipt Number.....

**APPLICATION FOR PRE-QUALIFICATION
REGISTRATION OF LOCAL
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

(Local Suppliers or Local Agents are required to fill this form)

Sub. Code

Intended Category

Name of Applicant.....

Address

Telephone Number/s

Mobile Number/s

Fax Number/s

E-mail Address

Website(URL)

Business Registration No.

Nature of Business

Principle Line of Business

If the Applicant is a Ltd
Liability Co.

Names of Directors

If the Applicant is a
Partnership. Names of
Partner

Proprietor

Names of Bankers

Have you registered for VAT?YES / NO
(If Registered,please attach VAT Certificate.)

Credit Period

The details of Category Fees paid to the.

Name of the Bank and branch () Date

Total amount paid as category fee Rs. / US\$: C. Number of Categories

Cash Deposit Slip attach here Are you applying for registration as the **Local Agent** of Foreign Principal/s ? Yes / No.

If "yes" how many principals are being represented by you ?..... (Please note that you, the local agent have to submit a separate application for each principal)

I hereby confirm that I have read and understood the terms and conditions specified in the General Instruction issued with the application for registration of Local and Foreign Suppliers / Contractors for the year 2017 Oasis Hospital (Pvt) Ltd and I agree with the terms and conditions stipulated in the above documents.

.....
Signature of the Directors/Partners/Proprietor

Name:.....

Designation:.....

Date: (Please affix the Rubber Frank)

For office use only

Date Received :-2017

Serial Number :- // 2017

Approved / Not Approved

If **not approved** state condition of the Application ;

* Incomplete Application Yes / No

* Insufficient Data Yes / No

Date:-2017

Accountant (AP)
For Oasis Hospital (Pvt)Ltd

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REGISTRATION OF 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

(Foreign Applicants who are seeking registration themselves or
Foreign Principals of the Local Agent are required to fill this form)

Sub. Code :

1. Name of Applicant :-

2. Contact Person :-

3. Mailing Address

• Head Office

.....

• Factories

.....

• Local Address if any

.....

4. Telephone No :

Fax No :

E-Mail Address :

Web Site (URL) :

5. Whether principal is a manufacturer or an authorized agent of a manufacturer or an authorized distributor of a manufacturer?

Manufacturer

Agent

Distributor

6. Are you having any recognize System Certificate for Quality Assurance?

Yes If yes, No Specify

.....
.

7. Are you associated with other Companies or Group of Companies? If so please give particulars.

.....

8. Are you a agent for recognized Foreign Manufacturer? Yes / No

If "yes" given details.

Name of Manufacturer	Type of Product

9. If the applicant is a local agent of a foreign supplier (manufacturer or authorized agent / distributor of the manufacturer) original letter giving **Power of Attorney** issued by the Chief Executive Officer of the principal should be attached (Faxes, telexes, photocopies will not be accepted at all).

A. The details of Category Fees paid to the Bank

Name of the country

Name of the Bank

.....

Date

B. Total amount paid as category fee Rs. / US\$: C. Number of Categories

If there is a Local Agent

10. Name of Local Institute :

12. Contact Person :

13. Mailing Address :

.....

14. Telephone No :

Fax No :

E-Mail Address :

15. VAT NO :

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ITEM / CATEGORY	ITEM	PRICE
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