FORM FOR THE REGISTRATION OF IMPOTERS & EXPORTERS IN TERM OF SECTION 115 OF THE CUSTOMS ORDINANCE					
01.Name of Business/Applicant:					
Type of Business: Sole Proprietorship Partnership Private Ltd Liability Public Ltd Liability Corporation NGO Government Other (please specify					
02.Tax Identification	03.Business Registration				
Number (TIN):	Number:				
VAT No.:	Date of Establishment: (DD / MM / YYYY)				
04. Address:					
Head Office/Applicant's (Permanent):	Other Offices/Stores/ Applicant's (Residence):				
Telephone No :	Telephone No :				
Fax :	Fax : E-mail :				
Website :	Website :				
05.Principal Activities: Importer Manufacture Exporter	Importer Manufacture Exporter				
06.Regime: BOI	Customs				
07.Name & Address of :					
Parent Company :	Subsidiary Companies :				

08.Details of Chairman/Directors/Partners/Proprietor/Applicant etc.: Photograph (Taken Telephone No NIC / Passport Name Private Address Mobile Fax E-mail within last six months No - Stamp Size) 1 2 3 4 5

Note: Photographs should be affixed and attested by JP / AAL on the face of it.

FINANCIAL INFORMATION							
09.Details of Bankers (Attach Ban	าk statement of las	st six months)					
	1			2		3	
Name							
Branch							
Account No							
Date Account Opened							
Type of Account							
10.Name & Address of Auditor :							
11. Last year Business Turnovo	er (Attach Balanc	e Sheet. Profi	E& Lost Ac	count etc.)		
Assets of Company Curre	•	•			•		
Fixed A	Assets Value	:					
12. If Tax Payer, Tax file Num	ber						
Amount paid in the last thre	e quarters						7
i into ant para in the last the	e quarters						
13. Commodities intend to Im	port/ Export:						
14. Name & Business Address	of Introduce	r:					
Tax Identification Number							
							•
15. Has any Director/Partner/P					_	ed under the provi	sions
of Customs Ordinance wit	nin iast live	years	Yes		No		
If 'Yes' Customs Case Number & Date:							
1							
DECLARATION							
I/We hereby declare that the p	articulars and	the states	nent ma	de in th	is applicati	on are true and cor	rect to
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 department of Sri Lanka Customs.							
Signature of the Applicant(s):							
Name :					Date	:	
Designation :		• • • • • • • • • • • • • • • • • • • •	•••				

16. BANK CERTIFICATION				
Bank Ref No.:				
We certify that Rev./Dr./Mrs./Miss/M/S(Name and Address of the applicant/company)				
is maintaining a savings bank Account/Current Account No.:				
with us since				
(Signature of certifier)				
Date :				
Designation :				
(Official Stamm)				
(Official Stamp) 17. GRAMA NILADARI CERTIFICATE				
17. GREWIT WIELD THE CERTIFICATE				
I certify that Rev./Dr./Mrs./Miss/M/S				
Date : Name :				
Place : Signature :				
FOR OFFICIAL USE ONLY				
Date Received:				
Vetted Owners Previous Offenders Database Addresses Grama Niladari Certificate ID/Passport/TIN Tax Payments Bank Accounts & Certification Officers Checked:				
Registration Approved/Disapproved:				
Date : Signature :				
Designation: Name:				

^{*}BOI enterprises located inside the Free Zones need not to fill no 16 & 17 $\,$

01. Name of Business Type of Business	- -	Your Business Name Indicate the type of Business
02. Tax Identification Number (TIN) VAT No.	-	Indicate your TIN issued by the IRD VAT issued by IRD & Extension 2525 or 7000
03. Business Registration Number	-	No appearing on Business Registration certificate
Date of Establishment	-	Issuing date of the business registration
04. Address Head office Other offices / Stores	-	Permanent office address If you company has a sub office or any other location please indicate.
05. Principal Activities	-	What type of business you do with the Customs
06. Regime	-	Under which organization you do your Cusdec processing
07. Name & Address of		
Parent Company	-	Location of the parent company
Subsidiary Companies	-	If you have any subsidiary companies please indicate
08. Details of Chairman / Directors/ Partner	s/Pr	oprietor
Name	-	Name of the directors
Photograph	-	To be affixed and certified by AAL or JP on
		the photo
09. Details of Bankers	-	Please indicate your bank account details
10. Name & Address of Auditor	-	Which auditing firm attends your company auditing.
11. Last year Business Turnover	-	Provide details of the fixed and current assets of the company
12. If Tax payer, tax file number	_	Tax file number of the IRD
Amount paid in the last three quarters		Amount paid to IRD
Amount paid in the last three quarters	_	Amount paid to IND
13. Commodities intend to Import/Export	-	Provide a general list of commodities you intend to import/export.
14. Name & Business Address of Introduce	er -	VAT no of the introducer (e.g. Importer Exporter Customs House Agent)
15. Has any Director/Partner/Proprietor/Ap provisions of Customs Ordinance within If 'Yes' Customs case Number & Date	-	ant of the business been penalized under the
16. Bank Certification	-	To be filled by the bank
17. Grama Niladari Certificate		Γο be filled by the Grama Niladari certifying the address

In addition to the above, applicants other than Limited Liability companies are required to register at the Central Intelligence Unit (CIU) of the Custom Department. Please dial 0112471471 for details pertaining to CIU registration

The following documents are required at the time of forwarding the application.

- 1. Original NIC (Passport or Driving License) of two directors/partners or applicants with photocopies.
- 2. Business Registration Certificate with photocopies.
- 3. Originals of TIN, VAT, Form 1 or 20 or 48 and the relevant registration forms should be produced at the time of registration with photocopies.
- > To avoid delays you are requested to submit all required documents correctly. Certified copies are not accepted.
- > Duly filled applications will be registered within 01 day (24 hrs).
- > Please bring your VAT certificate for all subsequent inquiries regarding the registration.

For further clarification: Asst. Director of Customs 0094 112 430413

OIC **0094 112 445148**