Registration of suppliers - 2021
Teaching Hospital Peradeniya.

1. Name of the producing institute/ Company/ Supplier :-

2. Address:-

3. (i) Telephone No:-

(ii) Fax No :-

(iii) Email :-

4. Nature of company (Sole proprietary/ Limited company/ Partnership) :- ……..……

5. Company registration No :-

6. VAT registration No :-

7. Category of company (Service/ Retail/ Manufacturing) :- ……..……

8. Interested registration categery/ Service:- ……..…… No:- ……...……..

9. Paid registration fee invoice no :-

I request to register for Supply No ..... Service No ..... Purchase No .....
of Rs……. Invoice is attached herewith.

I declare that the information mentioned above is true and correct, and I am aware that registration will be rejected If the information provided by me proved to be false. True copies of company registration and VAT registration certificate are attached herewith.

....

Date:- Signature of Applicant

Official seal: -