



APPLICATION FORM FOR CONFIRMATION OF VAT LIABILITY

*All fields marked with * are Mandatory
Please fill up the form using BLOCK LETTERS
Please mark the check boxes where necessary*

Taxpayer Identification Number (TIN)* :

| | | | | | | | | | | | | | | | | | | | |
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**Income Tax File Number
if any** :

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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**Name of Person/ Partnership/
Company*** :

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Business Address * :

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Nature of Business * :

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Date of Commencement :

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

**Income Tax File Number
if any** :

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Name of the Institution * :

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Institution Address * :

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Email Address * :

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Purpose of the Application * :

For Registration as a Supplier For Tender Other purpose

**For registration as a supplier,
for year** :

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|--|
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(e.g. : 2014)

Others, please specify :

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Contact Details *

Business :

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Personal :

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**Nature of Manufacturing Goods or Services or
Goods and Services Intend to Supply** :

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Value of Tender / Supply :

Rs.

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|--|
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|--|

For Tender purpose only, Have you submitted tenders previously? If "Yes", provide particulars

| Name of the Institution | Value of Tender (Rs.) | Year | Tender Granted? |
|-------------------------|-----------------------|------|--|
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Total turnover for the last twelve months : **Rs.**

If intend to register as a supplier, estimated Supply for next twelve months : **Rs.**

Details of Authorized Representative/Agent, if applicable

Registration Number :

Name with Initials :

Address :

Declaration *

I declare that the information given in true and accurate to the best of my knowledge and belief.

I understand that The Department of Inland Revenue reserves the right to request for original copy of the required supporting documents and any additional information for audit purpose.

Name :

Designation :

Contact No. : Email :

Signature :

Date : / /

Note: The following supporting documents are required to be submitted together with the application to the Department. Any missing supporting document(s) will cause the delay in issuing the clearance.

Supporting documents for Company Applicant

- Company Incorporation Certificate
- Form 1 issued by ROC for Director Details
- Director(s)' NIC Copy
- Form 13 by ROC for Company Profile Change, if applicable

Supporting documents for Sole Proprietorship / Partnership

- Business Registration Certificate
- Owner / Partner(s)' NIC Copies

Additional supporting documents for all purposes

- Copy of Tender / Supplier Application
- Final Account of the last year
- Bank Statements of the last 06 months
- A copy of the telephone Bill
- Copy of the Authorized Representative's NIC, if applicable
- Copy of the Authority Letter, if applicable

Remarks (For official use only)