MINISTRY OF PUBLIC SECURITY AND PARLIAMENTARY AFFAIRS
REGISTRATION OF FOREIGN SUPPLIERS - YEAR 2027

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

Code No

1. Name of Institute : ..…….....
2. Contact Person : ……..
3. Business 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 ☐ No ☐

   If yes, Specify

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

   ……..…
8. Are you an agent for recognized Foreign Manufacturer? Yes / No
   If "yes" Please fill below 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).

Cash Deposit Slip attach here

10. What are the categories for which registration is sought? Please indicate Category numbers correctly (see example below before fill categories)

Number of Categories : …….									

Example for filling of the above table

G1	G2	S1	S2						

11. Details regarding the goods supplied / services provided, if registered under G53, S17, S32, or S45
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12. A. The details of Category Fees paid to the Bank of Ceylon
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

13.Name of Local Institute : …….....

14. Contact Person : ……..…..…

15. Business Address : ……..…

……..…

16. Telephone No : ……..
Fax No : ……..

E- Mail Address : ……..……

17. **VAT NO** : …….

……
Signature of the applicant
(Please affix the Rubber Frank)

Name : …… Designation : …….
Date : ……../……../2026

For office use only

Date Received : ……./……../2026

Serial Number :

Approved / Not Approved
If not approved state condition of the Application :

Date : ……../……../2026

*Incomplete Application : Yes / No
*Insufficient Data : Yes /No

Chief Accountant
Ministry of Public Security and Parliamentary Affairs