

SPECIMEN FORM

**Application for as a Supplier/Contractor/Service Provider for Repair
of Motor Vehicles - 2018/2019**

(To be submitted on a Company Letter Head)

- 1, Category of Supply or Service for which registration is sought :
- 2, Name of Applicant :
- 3, Name of the Business Institution/Company/firm :
- 4 Business Address of the Applicant :
- 5, Telephone No: 6, Fax: 7, E- Mail
- 8, Status of the Supplier/Contractor
(Whether Sole Agent, Importor, Manufacturer, Wholeseller, and Retailer)
- 9, Number and Date of Business Registration :
(Please attach Photocopies of the Certificate)
- 10, ICTAD Registration No : Grade:
(If Applicable)
Field of Registration: Expiry Date:
(Please attach Photocopies of relevent pages)
- 11, Service Applied for registration
(Mention the services separately as mentioned in the advertisement)
I
II.....
III.....
IV
V.....
- 12, Numbers of years of Experience in the relevant trade :
- 13, Period of which Credit Facilities are allowed :
- 14, Whether delivery of items to the **Richmond College** undertaken :
- 15, Name of Bankers :
- 16, Vat Number, if any:
(If you are not registered for VAT please attach a letter obtained from the Commissioner
General of Inland Revenue, certifying that your company has been exempted fom VAT)
- 17, Income Tax File Number, if any :
- 18, Details of the non refundable registration fee (Please attach a photo of the receipt)
I Bank :
II Date :
III Value Rs :

I/We hereby agree with the conditions stipulated by the Richmond College Old Boys
Association and submit my/our application for registration.

Date :

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Signature of Applicant
(Affix Seal)