



“NETHSETHA “ LIONS VISION FOR SIGHT HOSPITAL



GENERAL INSTRUCTIONS, TERMS & CONDITIONS

FOR REGISTRATION OF SUPPLIERS FOR THE YEAR 2019

1. Application for registration of suppliers for the year 2019 can be downloaded through the website of the “Nethsetha” Lions Vision for Sight Hospital from 15th October 2018 onwards.
2. Applicants are requested to furnish accurate information. If any information given is found to be inaccurate or any vital information is found withheld, the applicant will be disqualified for registration. An incomplete or illegible application will also be rejected.
3. Supporting documents should be attached to the application. Such documents should be serially numbered. The total number of pages should be indicated on the top right-hand corner of the main application.

3.1 Following documents should be attached with the application.

- Institutions who are seeking registration should provide certified copies of under mentioned legal documents. (Along with other documents) with the application.
 - In the case of an agent his principal should issue a letter of authority to the effect that the supplier is an authorized dealer or distributor.
4. All the new Suppliers must be provided a copy of their company / business registration certificates along with the application.
 5. Duly completed application forms together with all the necessary documents and covering letter should be sent by registered post to reach;

**The General Manager,
“Nethsetha” Lions Vision for Sight Hospital,
Newtown,
Ratnapura.**

Not later than on 15th December 2018.The top left hand corner of the envelope containing the application in respect of Local suppliers should be marked as **REGISTRATION OF SUPPLIERS - 2019**. Hand delivered applications **will not be accepted.**

6. Please indicate your vat certificate number which can be obtained through registering under the amended Vat Act with effects from 01/01/2018.
7. Delete **Yes / No** tags against appropriate question without fail.
8. Please write **NA** (Not Applicable) against any item that does not applicable to the applicant.
9. Any amendments or changers of mailing address of a company after registration shall be informed to us by Registered post...
10. Further inquiries in respect the Registration of Suppliers for 2019 can be made to the following officer.

The Accountant,

“NETHSETHA” Lions Vision for Sight Hospital, Newtown, Ratnapura.

Tel: +94 45 347 14 06

E-mail: nethsethaacc@gmail.com

11. All suppliers will agree automatically to provide one month credit facility when they register under the “Nethsetha” hospital as a supplier.
12. A finance committee appointed by the trustees will consider all the applications and will take necessary action to register only applicants who have fulfilled the requirements.
13. Authority to take final decisions over the registration of Suppliers for the year 2019 is vested in the Hospital Trustees.
14. All Applicants has to pay Rs. 1000/- Non-Refundable Deposit to the Account Number **1490030550** - in Commercial Bank - Ratnapura for the name of **Lions Vision For Sight Hospital Trust** and the carbon copy of paid bank slip should be Attached alone with the completed application form.



**“Nethsetha” Lions Vision for Sight Hospital
New Town, Ratnapura.**



Supplier Registration Form - 2019

Section 01: Company Details and General Information

01. Name of Company (Local):	
02. Mailing Address:	
03. Tel:	04. Fax:
05. E-Mail:	06. Web Address:
07. Contact Name:	08. Contact Mobile No:
09. Title:	10. E-Mail:
11. Parent Company (Full Legal Officially Registered Name)	
12. International Offices/Representation	
13. Type of Business (Mark one only): Corporate/ Limited: <input type="checkbox"/> Partnership: <input type="checkbox"/> Other (specify):	
14. Nature of Business: Manufacturer: <input type="checkbox"/> Authorized Agent: <input type="checkbox"/> Trader: <input type="checkbox"/> Consulting Company: <input type="checkbox"/> Brief description about the product:	
15. Year Established: - Please attach the list of items supposed to supply and the prices of each item along with this application	
16. Business Registration no. /State where registered:	17. New VAT No./Tax I.D:
18. Technical Documents available in: <input type="checkbox"/> English <input type="checkbox"/> Other (specify)	

Section 02: Banking Information

19. Bank Name:

20. Branch Name:

21. Branch Address :

22. Quality Assurance Certification (e.g. ISO 9000 or Equivalent) (Please provide a Copy of your latest Certificate):

23. For Goods only, do those offered for supply confirm to National/International Quality Standards?

Yes No

24. Certification:

I, the undersigned, hereby accept the “Nethsetha” Lions Vision for Sight Hospital General Conditions, a copy of which has been provided to me, and warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible.

25. **Self-Declaration:** I, the undersigned, declare that:

Our company is not involved in any fraudulent or corrupt activities and has not been in the past, and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with “Nethsetha” eye Hospital.

Name:

Designation:

Signature:

Date:

** (Please affix the Rubber Frank.)

Please mail completed form to:

The General Manager

“Nethsetha” Lions Vision for Sight Hospital

Newtown, Ratnapura.

Date of Received:

Serial No:

Approved / Not Approved

If not approved state condition of application:

**Incomplete Application... Yes / No

** Insufficient Data Yes / No

Accountant

Date

Approval of General Manager

Date