

DEPARTMENT OF COMMERCE

No. 492, 2nd Floor, L.H.P. Building, R.A. De Mel Mawatha, Colombo 03

APPLICATION FOR REGISTRATION AS AN IMPORTER OF BASMATI RICE (PK385/ Super Kernel Basmati/
Super Basmati Rice/ 1121-Kainat Rice/ D-98 Basmati Rice) UNDER THE PAKISTAN-SRI LANKA FREE TRADE
AGREEMENT (PSFTA) FOR THE YEAR OF 2023

For Official Use Only Company Registration No in DOC: DOC/PSFTA/BAS/2022/ /	Registration Date (dd/mm/yyyy):
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To be filled by the applicant:

1. <u>COMPANY NAME</u>	<u>ORGANIZATION TYPE</u> : Public Limited Co <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Private Limited Co <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Partnership <input type="checkbox"/>	
2. OFFICE : Address: Tel No : Mobile : E-mail : Fax : Contact Person:		
3. NAME OF THE CHAIRMAN/MANAGING DIRECTOR/PARTNER/PROPRIETOR:		
4. BUSINESS REGISTRATION NO: (Copy should be submitted along with the original)	VAT REGISTRATION NO: (Copy should be submitted along with the original)	Membership/Registration No. with other Trade Organizations/Associations:
5. TYPE OF BUSINESS: Manufacturer <input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/>		
6. DETAILS OF THE PERSON WHO SUBMITS AND COLLECT RECOMMEDATION LETTER FOR DUTY WAIVER: a) Name : NIC No : b) Address : c) Tel : Fax : d) If the certificates are submitted and collected by an authorized forwarding agent, please provide details : Name NIC No : Address: Tel : Fax :		

Cont....

7. Expected amount to Import under the basmati quota :

8. (i) Did you obtain quota for 2023:

(ii) if yes, the allocated quantity and the imported quantity:

9. Import Performance

Please submit the details of the import of rice by your company to Sri Lanka during last 5 years

Year	Country	Variety of Rice	Quantity (Kg)
1			
2			
3			
4			
	Total		

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Please ensure that all questions have been answered in full, before signing the application

I hereby state that the above furnished details are correct and accurate to the best of my knowledge. I understand that any willful misinformation renders me liable for cancellation of registration.

Signature :

Official Stamp :

Name & Designation:

Date :

For Office Use only

Registration No:

1. Approved by the staff officer :

2. Date :

