

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/2023/ /	Registration Date (dd/mm/yyyy):
--	---------------------------------

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 : _____			

7. Import Performance

Please fill the details of the import of any type of rice to Sri Lanka from January to September 2023

S. No.	Country	Quantity (Kg)
1		
2		
3		
4		
...		
	Total	

** If you have not imported any type of rice during the year please mentioned that in the above table*

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 :