

DEPARTMENT OF COMMERCE
Ground Floor, 492 L.H.P. Building, R.A. De Mel Mawatha, Colombo 03

**APPLICATION FOR REGISTRATION AS A COMPANY UNDER THE DEPARTMENT OF COMMERCE FOR
CERTIFICATES OF ORIGIN UNDER FREE TRADE AGREEMENTS AND PREFERENTIAL TRADING ARRANGEMENTS
(GSP, GSTP, ISFTA, PSFTA, APTA, SAFTA, SAPTA)**

For Official Use Only			
Approved by/Date:		Payment Voucher No.	
Company Registration No	D/COM/R/.....	Registration Date/...../.....
1. Company Name		2. Organization Type	
		Public Limited <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
		Private Limited <input type="checkbox"/>	Partnership <input type="checkbox"/>
		Other (Specify) <input type="checkbox"/>	
3. Office		4. Factory (where applicable)	
Address		Address	
Tel		Tel	
Email		Email	
Fax:		Fax:	
Contact Person ¹		Contact Person	
Designation		Designation	
Mobile No		Mobile No	
5. Name of the Chairman/Managing Director/Partner:			
Tel:	Mobile:	Fax:	Email:
6. Other registration details (please submit original and photocopy of registration certificates)			
Business Registration No	VAT Registration No	Other Government Related Registrations ²	Membership/Registration No. with other Trade Organizations ³
7. Whether company is enjoying BOI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach copy of BOI Registration)			
8. Type of Business	Manufacturer <input type="checkbox"/>	Exporter <input type="checkbox"/>	Trader <input type="checkbox"/>
9. Export Product (please attached separate sheet where necessary signed by [5])			
<i>HS No</i>	<i>Description</i>		

¹Please ensure that the contact person under (3) and (4) can take responsibility for matters relating to COOs and can be easily contacted

²E.g. Sri Lanka Tea Board, Coconut Development Authority, Department of Fisheries, Ministry of Industries, etc

³E.g. Chambers, Industry Associations

10. Please provide the required details in Annex 1 (for non-wholly produced products)⁴			
11. Exporting Countries			
12. Details of the person authorized to sign COOs⁵			
Name			
Designation			
Telephone	Mobile	Fax	Email
Specimen Signature		Official Stamp ⁶	
13. Details of the person who submits and collects COOs			
Name			NIC
Address			
Tel	Mobile	Fax	Email
<i>If the certificates are submitted and collected by an authorized forwarding agent, please provide details</i>			
Name			NIC
Address			
Tel		Fax	
14. Declaration⁷ (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:	

⁴Production Flowchart and relevant Cost Statement should be attached

⁵Must be an employee of the company able to take responsibility for contents of the COO

⁶Seal must indicate company and designation of person signing the COO. The seal should not simply indicate "Authorized Signatory"

⁷Must be signed by the person listed in (5) and official stamp should clearly indicate his/her designation