

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT
APPLICATION FOR REGISTRATION OF SUPPLIERS – 2026

Category & category no:

1. Name of Organization:

2. Address of Organization:

3. Contact Details

a. Land Phone No. :

b. Mobile No. :

c. E-mail :

(Compulsory for the quotation invitation purpose)

4. Nature of Business:

(Whether a Manufacturer, Distributor, Agent, etc.)

5. Nature of Business Registration:

(Government-owned, PLC, Limited Liability Co, Partnership, Sole Proprietorship)

6. Business Registration Certificate Number & Date:

7. CIDA Registration Number:

(Attached a certified copy)

8. VAT Registration Number if applicable (Attached a certified copy):

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9. Other available facilities, Transport & Storage:

Preferred location(s) - (tick in the relevant box below)

Colombo Kandy Ratnapura Bandarawela Jaffna

Anuradhapura Koggala Kurunegala Batticaloa

I/We have read the conditions and agree to abide by them. I/We certify that the particulars furnished by me/us in this application are true and accurate.

Date:.....

.....
Signature of Applicant
(Official Rubber Stamp)