

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 2022

| | |
|--|--|
| For Official Use Only Company Registration No in DOC: DOC/PSFTA/BAS/2022/ / | Registration Date (dd/mm/yyyy): |
|--|--|

To be filled by the applicant:

| | | |
|---|---|--|
| 1. COMPANY NAME | ORGANIZATION TYPE : 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. Import Performance

Please fill the details of the import of any type of rice to Sri Lanka from January to October 2022

| 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 :