

Supply Chain Financing Application for Supplier

Type of the company Sole proprietorship Partnership Private (LTD) PLC

If partnership/private, number of partners/shareholders

Name of Company		
Type of Business		
Registered Address		
Correspondence Address (Address if different from registered address)		
City		
Province		
Districts		
Telephone Number		
Fax Number		
E-Mail Address		
In Business since		
Business Registration Number		
Number Of Full-time Employees		

Name of the Buyer

No of years supplying goods to the buyer

Details of contact person

Full Name	NIC/DL Number	Contact Number	E-Mail Address	Signature

Primary Bank Details

Bank Name	
Branch Name	
Account Name	
Account Number	

Secondary Bank Details

Bank Name	
Branch Name	
Account Name	
Account Number	

Mode of Payment: Cheques CEFT

Authorized signatory

Full Name	NIC/DL Number	Contact Number	E-Mail Address	Signature

Details of Partners /Shareholders

Full Name of Partners /Shareholders	NIC/DL Number	Contact Number	E-Mail Address	Signature

I/We, the undersigned, warrant that the information provided in this form is correct, and in the event of changes, details should be provided as soon as possible. I/We hereby authorize you to check my past credit information (CRIB Report) through credit information bureau Sri Lanka. I/We, under signed, hereby certify that the authorized signatory mentioned above is authorized to sign any documents related to the Supply Chain Finance process.

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Authorized signatory

Name –

Date -

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Authorized signatory

Name -

Date -