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இறக்குமதி மற்றும் ஏற்றுமதி கட்டுப்பாட்டுத் திணைக்களம்
Department of Imports and Exports Control



ආනයන පාලන බලපත්‍රයක් ලබා ගැනීමේ අයදුම්පත්‍රය
இறக்குமதி கட்டுப்பாட்டு உரிமத்திற்கான விண்ணப்பம்
APPLICATION FOR AN IMPORT CONTROL LICENSE

Applicant ID
(Office Use Only)

Applicant Details

01. Type of Applicant	}	Individual	<input type="checkbox"/>	Incorporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>														
		Sole Proprietorship	<input type="checkbox"/>	Other Specify	<input type="text"/>																
02. Company Name (If Individual Name in full)	}	<input type="text"/>																			
03. Business Registration No. (If Individual NIC or Passport No)		}	<input type="text"/>																		
04. VAT Registration No.	}		<input type="text"/>																		
05. Address		}	<input type="text"/>																		
	<input type="text"/>										Fax		<input type="text"/>								
06. Telephone	}	<input type="text"/>																			
07. E-mail		}	<input type="text"/>																		

Basic Information

08. License Type	}	<input type="checkbox"/> General	<input type="checkbox"/> Block	09. Exchange Type	}	<input type="checkbox"/> Exchange	<input type="checkbox"/> Non-Exchange										
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Non-Commercial														
10. Commercial Type	}	<input type="text"/>															
11. Name of the Bank		}	<input type="text"/>														
12. Mode of Payment	}		<input type="checkbox"/> DA	<input type="checkbox"/> DP	<input type="checkbox"/> LC	<input type="checkbox"/> TT	<input type="checkbox"/> OA										
		<input type="checkbox"/> Air Freight	<input type="checkbox"/> Sea Freight	<input type="checkbox"/> Post	<input type="checkbox"/> Baggage												
13. Mode of Transportation	}	<input type="text"/>															

Performa Invoice Details

14. Proforma Invoice No.	}	<input type="text"/>																
		<input type="text"/>																
		<input type="text"/>																
15. Name and address of the Suppliers	}	Name of the Supplier 1	<input type="text"/>															
		Address of the Supplier 1	<input type="text"/>															
	}	Name of the Supplier 2	<input type="text"/>															
		Address of the Supplier 2	<input type="text"/>															

16. Country of Origin }

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17. Country of Manufacture }

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18. Country of Shipment. }

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19. Product Category } Western Drugs Veterinary Drugs Ayurvedic Medicine
 Homeopathic Medicine Surgical Sutures

(Please use a separate cage for each item and attach a separate sheet when the space provided below is not adequate)

20.	HS Number					
	Description					
	Item Type (Drug/ Device)					
	Generic Name					
	Trade Name					
	Container <small>e.g.- Blister Packs, Boxes</small>					
	Dosage Form <small>e.g.- Capsules, Tablet, Syrup</small>					
	Pack Size	Rows				
		Columns				
	Container Price					
	No. of Containers					
	Strength of Unit					
	Measure Unit <small>e.g.- milligram/ gram/ milliliter</small>					
	Quantity					
	Unit Price					

Cost Insurance Freight

Total CIF

General Information

21. Purpose of End Use

22. Other Please Specify

Declaration of the Applicant

I apply for an import license in respect of goods described above and I declare that the particulars furnished by me are true & correct.

Signature Date

(Signature must be registered with the licensing Unit as an authorized signatory)