ආනයන හා අපනයන පාලන දෙපාර්තමේන්තුව



இறக்குமதி மற்றும் ஏற்றுமதி கட்டுப்பாடுத் திணைக்களம்

Department of Imports and Exports Control



Application for Granting Approval for Items
Imported by Food Franchise Holder Application No. IECD/COV/FOOD/

01. Name of the Food Franchise Hold	er						
02. Business Registration/ Company F	Registration No.						
03. VAT Registration Number							
04. Address							
05. Telephone				Mobile.			
06. Email							
07.Commercial Type	ommercial Type Commercial Non-Commercial						
08.Mode of Payment	DP Advanced Pa	OA	DA Oth		sance LC	Sight LC	
09. Name of the Supplier(s)	Advanced Fa						
VA	first time) siness Registration T Certificate icle of Associatio			n 🔲	TIN Certifica Form 1 and/ (Only for Co	or Form 20	

11	Invoice	Details	And	Remitting	Amount	Details

		Name of the Item	HS Code [8 digit]	Restriction Type (TS/ C90/C180)	CIF Value (Currency)	Quantity (Unit)	Amount need for six months time period	Proforma Invoice number(s) Please attach
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
12.	If av	poliers credit facility ailable mention number of continuous properties above to be presented above food Franchise Holder)	e mentione	Period				
	Singa	ature of the Authorized off		oany		С	ompany Stamp	Seal
		r office use only	ficor					
		bservations of Subject Off						
	R	ecommendation						
	<i>A</i>	Approval						