

GENERAL INSTRUCTIONS, TERMS & CONDITIONS

FOR REGISTRATION OF SUPPLIERS FOR THE YEAR 2024

1. Application for registration of suppliers for the year 2024 can be downloaded through the website of the “Mount Lotus Hospitals (Pvt).Ltd.” from 15th November 2023 onwards. www.mountlotus.lk
2. Applicants are requested to furnish accurate information. If any information given is found to be inaccurate or any vital information is found withheld, the applicant will be disqualified for registration. An incomplete or illegible application will also be rejected.
3. Supporting documents should be attached to the application. Such documents should be serially numbered. The total number of pages should be indicated in the top right-hand corner of the main application.

3.1 The following documents should be attached to the application.

- Institutions that are seeking registration should provide certified copies of under above-mentioned legal documents. (Along with other documents) with the application.
 - In the case of an agent, his principal should issue a letter of authority to the effect that the supplier is an authorized dealer or distributor.
 - Please provide the true copies of the licensee, Regulatory Authority certification and Standard Certifications. (ISO/SLS) with the application.
4. All the new Suppliers must be provided a copy of their company/business registration certificates along with the application.
 5. Duly complete application forms together with all the necessary documents and covering letter should be sent by registered post to reach;

**The General Manager Hospitals,
Mount Lotus Hospitals (Pvt). Ltd.
No. 102,
Galle Road,
Mount Lavinia.
Sri Lanka.**

Not later than on 15th December 2023. The top, left-hand corner of the envelope containing the application in respect of local suppliers should be marked as **REGISTRATION OF SUPPLIERS - 2024.** Hand-delivered applications will not be accepted.

6. Please indicate your VAT certificate number which can be obtained through registering under the amended VAT Act with effect from 01/01/2023.
7. Delete Yes / No tags against appropriate questions without fail.
8. Please write NA (Not Applicable) against any item that does not apply to the applicant.
9. Any amendments or changes to the mailing address of the company after registration shall be informed to us by Registered post.
10. All suppliers will agree automatically to provide a one-month credit facility when they register under the “Mount Lotus Hospitals (Pvt)” as a supplier.
11. A finance committee appointed by the Mount Lotus Hospitals (Pvt). Ltd. will consider all the applications and will take necessary action to register only applicants who have fulfilled the requirements.
12. The authority to make final decisions over the registration of Suppliers for the year 2024 is vested in the Hospital Management.

**Mount Lotus Hospitals (Pvt). Ltd.
No. 102, Galle Raod, Mt. Lavinia.**

Supplier Registration Form - 2024



Section 01: Company Details and General Information

01. Name of Company (Local):	
02. Mailing Address:	
03. Tel:	04. Fax:
05. E-Mail:	06. Web Address:
07. Contact Name:	08. Contact Mobile No:
09. Title:	10. E-Mail:
11. Parent Company (Full Legal Officially Registered Name)	
12. International Offices / Representation	
13. Type of Business (Mark on only): Corporate / Limited: <input type="checkbox"/> Partnership: <input type="checkbox"/> Other (Specify):	
14. Nature of Business: Manufacturer: <input type="checkbox"/> Authorized Agent: <input type="checkbox"/> Trader: <input type="checkbox"/> Consulting Company: <input type="checkbox"/> <ul style="list-style-type: none">• Brief description about the product:• Please enclose your product list along with the application.	
15. Year Established: Please attach the list of items supposed to supply and the prices of each item along with this application.	
16. Business Registration no. / State where registered:	
17. New VAT No. / Tax ID:	
18. Technical Documents available in: English <input type="checkbox"/> <input type="checkbox"/> Other (specify)	

Section 02: Banking Information

19. Bank Name:

20. Branch Name:

21. Branch Address:

Section 03: Quality Standard Information

22. Quality Assurance Certification (e.g. ISO 9000 or Equivalent) (Please provide a Copy of your latest Certificate)

23. For Goods only, do those offered for supply confirm to National / International Quality Standards?

Yes

No

24. Certification:

I, the undersigned, hereby accept the “Mount Lotus Hospitals (Pvt).Ltd.” General Conditions, a copy of which has been provided to me, and warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible.

25. Self-Declaration: I, the undersigned, declare that:

Our company is not involved in any fraudulent or corrupt activities and has not been in the past, and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with “Mount Lotus Hospitals (Pvt).Ltd.

Name:

Designation:

Signature:

Date:

** (Please affix the Rubber Frank.)

Please send your completed application form by Registered post to the following address:

The General Manager
Mount Lotus Hospitals (Pvt). Ltd.
No. 102, Galle Road, Mt. Lavinia.

Date of Received:

Serial No:

Approved / Not Approved

If not approved state condition of application:

**Incomplete Application... Yes / No

**Insufficient Data... Yes / No

Procurement Department
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Date
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