

Level 1, "Sav siripaya", 123, Wijerama Mawatha, Colombo 07. Telephone 011-2673087/8 Fax 011-2670966  
email:info@cgf.gov.lk cgfund@slt.net.lk website:www.cgf.gov.lk

### COMPANY / CONTRACTOR INFORMATION

01	Name of Company						
02	*Contact person Mr/Ms						
(* Should be the owner / partner/ share holder / director of the company)							
03	Business Address						
04	Business Registration No		05	Type of Business:	Sole Proprietor	<input type="checkbox"/>	
				Partnership	<input type="checkbox"/>	Limited Liability Co.	<input type="checkbox"/>
06	Income Tax File No		07	VAT No			
08	Tel. No/s		09	Fax No			
10	e-mail		11	website			
12	ICTAD Registration No/s		13	Date of expiry of the registration	Date	Month	Year
14	Field of Specialties Grades	Building Construction	Highways	Bridges	Water Supply & Drainage	Irrigation	OTHERS (Please Specify)

**Please attach photocopies of the following documents, all pages to be certified by the applicant by himself.**

1	Business Registration / Memorandum / Articles / Partnership / Agreement	Attached ( <input checked="" type="checkbox"/> )
2	Company resolution to obtain facilities from CGF certified by Company Secretary. (Attach: Annual Report/Directors and other Information, Annual Returns & CGF Format UP-COIN)	
3	ICTAD Registration Details (All endorsed pages of ICTAD Record Book)	
4	Audited Profit & Loss Account/ Balance Sheets for the past 3 years	
5	Contracts in hand and Letters of Acceptance. Attach copies. (use format PH)	
6	Construction contracts completed during the last 05 years or any shorter period the contractor has been in business and Completion Certificates (use format PC)	
7	VAT Registration Certificate and Payment Certificates for the last 4 qtrs.	
8	Income Tax Payment Certificates for the last three years and Annual Reports	
9	Current position of the Bank Account/s (FDD, OD facilities now enjoying, Balance OD facilities etc.) Attach support documents. (use format FP)	
10	Bonds and Guarantees taken during last 02 years from others. Attach copies.(use format BG)	

Authorized Person's Full Name	Designation	Signature	Company Seal
	NIC No.		

\* Please submit this application together with support Documents for Items (1-10) and with a covering letter on company letter-head together with Formats (PC+FP), (PH+BG) & Format UP-COIN.

## Attachments to the Application

## PROJECTS IN HAND - (PH)

(\* Please attach a copy of the Award Letter / Letter of Acceptance)

S No	Client/Employer	Project*	Contract Gross Value	Location	Consultant	% Completed(Finance)

## BONDS /GUARANTEES TAKEN BY THE CONTRACTOR FOR ANY PROJECTS (List from most recent ones) - (BG)

\*\* Type – BB = Bid Bond, PB = Performance Bond AB = Advance Payment Guarantee MB=Maintenance Bond RB= Retention Bond

S No	Source	Project	Client	Type **	Value (Rs:)	Validity Time				Remarks if any
						From		To		
Year	Month	Year	Month							

Name of Company:

Authorized Signature:

Seal/Rubber Stamp:

Date:

## Attachments to the Application

## PROJECTS COMPLETED DURING THE LAST 05 YEARS OR FOR THE PERIOD THE COMPANY WAS ESTABLISHED - (PC)

S No	Period from		To		Client	Project	Contract Value(Rs)	Final Value (Rs)	Date of Completion **		Remarks
	Year	Month	Year	Month					Year	Month	

## FINANCIAL FACILITY/IES PERFORMANCE/S - (FP)

S No	Name of the Bank	Bank/s & Branch/es	Current A/C Nos.	Savings A/C Nos.	Fixed Deposit Nos.	Short call Deposit No/s.	Letters of Guarantees	Short Term Loans	Revolving Guarantees	Overdrafts available	Overdrafts Used

Name of Company:

Authorized Signature:

Seal/Rubber Stamp:

Date: