ආනයන හා අපනයන පාලන දෙපාර්තමේන්තුව



இறக்குமதி மற்றும் ஏற்றுமதி கட்டுப்பாடுத் திணைக்களம்



Department of Imports and Exports Control

'		Application for the Imp	ortation App	proval		
01. Na	ame of Company					
02. C	ontact details of the co					
		Name				
		Mobile	Any			
03. C	ontact details of the cor	mpany Tel	Email			
04. D	escription of item's imp	orted				
		HS Code	Item		Schedule (TS/C)	
		(Please attach a separate sheet for more i	tems)			
05. To	tal value of the (Proform	na Invoice / Commercial Invoice)				
06. Inv	voice No. and Date	No		Date		
07. Re	estricted value under TS	S/C-90/C-180				
08. Pa	. Payment Term (As per the invoice)					
		Open Account (days)		Advanced Payment		
		DA (days)		DP		
		LC at Sight		LC Usance (days)	
09. Pa	yment will be made by	Dollar Account or Euro Account		Rupee Account		
		If any (Please specify)				
10. If p	If payment done	Amount		Date ·······		
		Bank				
		Dollar Account or Euro Account		Rupee Account		
11. lf i	mported goods, on boa	ard date				
		DD/MM/YYYY	•			

12. Our company M/s					
12. Our company M/s					
12. Our company M/s					
12. Our company M/s hereby requests to mentioned at No. 04 of the application , bearing invoice No					
12. Our company M/s hereby requests to mentioned at No. 04 of the application , bearing invoice No					
12. Our company M/s hereby requests to mentioned at No. 04 of the application , bearing invoice No					
12. Our company M/shereby requests to mentioned at No. 04 of the application , bearing invoice No					
mentioned at No. 04 of the application , bearing invoice No dated					
mentioned at No. 04 of the application , bearing invoice No dated					
IGIIII UI	nder the payment				
I here by attached the following documents and declare that the particulars furnished by me are true and correct.					
Request letter of company BOI approval / Recommendation					
Proforma/Commercial invoice Recommendation letter of Government institution and issued PO	nt				
BOI certificate Bank confirmation of available balance the FCBL account	ce of				
Bank documents for payment Other (Specify)					
Copy of BL					
I declare that the particulars furnished by me are true and correct					
Name and signature of authorized officer Date	Date				
Designation:					
Seal:					
For office use only Request for					
Decemberdation					
Recommendation					