## ආනයන හා අපනයන පාලන දෙපාරතමේනතුව



## இறக்குமதி மற்றும் ஏற்றுமதி கட்டுப்பாடுத் திணைக்களம்

## Department of Imports and Exports Control



Application for Advanced Payment Application No.

| 01.   | Name of Company   |                                 |             |                 |                                     |   |         |  |  |  |  |
|---|---|---------------------------------|-------------|-----------------|-------------------------------------|---|---------|--|--|--|--|
| 02.   | Address   |                                 |             |                 |                                     |   |         |  |  |  |  |
| 03.   | Telephone   | Landline                        |             | Mc              | bile.                               |   |         |  |  |  |  |
| 04.   | Email   | ail                             |             |                 |                                     |   |         |  |  |  |  |
| 05.   | 5. Proforma Invoice Value :   |                                 |             |                 |                                     |   |         |  |  |  |  |
| 06.   | Proforma Invoice Details  | s:                              | No          |                 |                                     | Date: .                                 |         |  |  |  |  |
| 07.   | Is it machinery?  |                                 | Yes         |                 |                                     | No                                      |         |  |  |  |  |
| 08.   | Shipment Date   | Within 180 da                   | ys from Ad  | v.Pay           | ] v                                 | Vithin 365 days from A                  | Adv.Pay |  |  |  |  |
| 09.   | Please use a separate cage for each item and attach a separate sheet when the space provided below is not adequate  |                                 |             |                 |                                     |   |         |  |  |  |  |
|   |   | HS Code                         |             |                 |                                     |   |         |  |  |  |  |
|   |   | Description                     |             |                 |                                     |   |         |  |  |  |  |
|   |   | Quantity                        |             |                 |                                     |   |         |  |  |  |  |
| 10. Whether good is mentioned in following lists  (Please specify the list) |   |                                 |             |                 |                                     |   |         |  |  |  |  |
|   |   | porarily Suspended List         |             |                 | ICL List                            |   |         |  |  |  |  |
|   |   | List                            |             |                 | Banned List                         |   |         |  |  |  |  |
| 11.   | Source of funds for adv   | ance payment                    |             |                 |                                     |   |         |  |  |  |  |
| Owr   |   |                                 | unds        |                 |                                     | By a loan                               |         |  |  |  |  |
|   |   | By a B                          | Bank Overdi | raft            |                                     |   |         |  |  |  |  |
| 12.   | Details of last approval for advance payment Letter No. Date:   |                                 |             |                 |                                     |   |         |  |  |  |  |
| 13.   | I hereby attach following   | g documents                     |             |                 |                                     |   |         |  |  |  |  |
|   |   | Proforma Invoice                |             |                 | Bank statement in last three months |   |         |  |  |  |  |
|   | Supplier confirmation on shipment date  |                                 |             |                 |                                     | Last approval letter of advance payment |         |  |  |  |  |
|   | Original and Copy of followings   |                                 |             |                 |                                     |   |         |  |  |  |  |
|   |   | Business Registration           | n/ Company  | / Registration  | Agreement                           |   |         |  |  |  |  |
|   |   | VAT Certificate TIN Certificate |             |                 |                                     |   |         |  |  |  |  |
|   | Audit reports of last two years (Only if, requested by Controller General/ Controllers/Deputy/Assistant Controllers)  Form 1 and/or Form Controllers Article of Association |                                 |             |                 |                                     |   |         |  |  |  |  |
|   |   |                                 |             | of Imports 9 Ev | 1.0                                 |   |         |  |  |  |  |

|                  | Custom Declarations             | Comme                        | rcial Invoice                   |  |
|------------------|---------------------------------|------------------------------|---------------------------------|--|
|                  | Bill of Lading/Airway Bill      |                              |                                 |  |
| ollowing Docume  | ents (Only for applications mac | de in first time)            |                                 |  |
|                  | Copies of identity cards of     | f Directors/ Owners/Partners | Letter Head of Company/Business |  |
| declare that the | particulars furnished by me are | e true and correct           |                                 |  |
|                  | Signature                       |                              | Date                            |  |
| (Stamp of the au | thorized officer)               |                              |                                 |  |
|                  |                                 |                              |                                 |  |
|                  |                                 |                              |                                 |  |
|                  |                                 |                              |                                 |  |
|                  |                                 |                              |                                 |  |
|                  |                                 |                              |                                 |  |
|                  |                                 |                              |                                 |  |