

REGISTRATION AS INDUSTRILIST

INDUSTRIAL DEVELOPMENT AUTHORITY(W.P)

IMPORTANT: PLEASE READ THE INSTRUCTIONS OVERLEAF, BEFORE FILL / SUBMIT THE APPLICATION

1. Name of the Organization

2. Name of the Industrialist/s

3. Business Registration / Certificate of Incorporation No. & Date

3. Address:

Private:

District:

Office:

District:

4. Telephone

Fax

E-mail

5. Name of contact person Tele/Fax

E-mail :

6. Classification of the Institution

Sole Proprietorship

Partnership

Limited Liability Co., Public/Private)

Other (Specify)-----

7. Bank/s and the Branch:

1.

2.

8. Nature of Operations:

Manufacturer/Producer

Trader

Other

9. Full Name/s of the Proprietor/Partners/Directors

1.

2.

3.

11. Type of Products

1.

4.

2.

5.

3.

6.

12. Initial Investment/s

Up to 01 Million

01-20 Million

20-50 Million

13. Investment

Own Money

Bank Loans

Other

14. Number of Employees

1-5

6-29

30-above

15. Are you already registered as Industrialist at IDA?

YES

NO

IF YES,

Registered Year :

Registration No.:

16. Did you receive any Service/s from IDA?

YES

NO

IF YES,

Please mention the service you received from IDA and the year

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17. Expected Service/s from IDA?

- | | |
|---------------------------------|--------------------------|
| 1. Financial Assistant | <input type="checkbox"/> |
| 2. Marketing Support | <input type="checkbox"/> |
| 3. Technical Know-how | <input type="checkbox"/> |
| 4. Entrepreneurship Development | <input type="checkbox"/> |
| 5. Participate for Trade Fairs | <input type="checkbox"/> |
| 6. Prepare Project Report | <input type="checkbox"/> |
| 7. Machineries | <input type="checkbox"/> |
| 8. Business Consultancy | <input type="checkbox"/> |

18. Do you want to apply for Industrialist Identity card from IDA?

YES

NO

Signature of the Industrialist/s

Date

For office use only:

Checked the Documents:

Recommended by:

Issued the Certificate