Procedure

Existing Suppliers (Those who are resister with lanka hospitals 1st January to 31st December 2026)

All existing suppliers will be required to submit letter of confirmation confirming that their company profile (company's Business Registration (BR) and Articles of Association etc) are remain unchanged via email to procurement@lankahospitals.com , together with the updated Supplier Registration Form and Declaration Form available in the company website **(**https://www.lankahospitals.lk/about/procurement/)

New Suppliers (Those who are not resister with lanka hospitals 1st January to 31st December 2026)

1. **Download application Form / Instruction document & Declaration Form**

The online application form / Instruction & Declaration Form are available in the company website**(**https://www.lankahospitals.lk/about/procurement/)

2. **Submission of Request, Registration Form and BR/ Article of association/ Declaration Form & Client Evidence Via email (**procurement@lankahospitals.com)

Request mail

- Request for registration has to be forwarded by email along with below mentioned Four sets of documents

Business Registration

- Copy of Valid Business Registration

Article of Association /Memorandum and Client Evidence

- If there are no any details available with the business registration, each and every vendor is advised to submit proof documents as an evidence (True copy Certified) confirm whether they are undertaking the business activities which they are intend to registered for.

Declaration Document

- Kindly complete the attached Declaration Document with the appropriate signature and company seal.

Duly Filled Registration Forms

- Downloaded application should be clearly filled in Excel Format according to the instructions given below. (Figure 2.1). Please forward the completed file in Microsoft Excel format as it is, and **DO NOT** convert in to any other format.

3. Confirmation Email by Lanka hospitals

After completion of above point number 1 & 2, we shall proceed 1st step of registration and shall reply to supplier with following details. In case any information or document missing, the same shall be communicated for further corrections.

- **Supplier Code Number**
  LHC Provide the supplier Code number via email
  Ex - LH0001

- **Confirmation of Payment / Bank Account Number**
  Relevant account details will be forwarded in order to deposit the NON-REFUNDABLE FEE of Rs 5,000.00.
  The supplier code which provided by LHC should be indicated as reference in the payment slip.

4. Final Stage

Once the payment completed, the payment slips to be shared immediately via email (procurement@lankahospitals.com). In case failure to do so, the registration process shall incomplete.

Terms & Conditions

- The Lanka Hospitals Group reserves the right to remove or refraining from registration any vendor due to fraudulent actions, blacklisting, supply of fake items, sub-standard quality, poor delivery performances, pending legal actions etc.
- The Suppliers are required to submit the following documents (Compulsory)
  I. Scanned copy of the original Certificate of Business Registration
  II. Acritical of association (not required for proprietorship) / proof document confirming whether the product category, intend to register, is in the core of the business
  III. Declaration form
  IV. Dully fill registration form
  V. Copy of VAT Registration Certificate
- We are not responsible for any additional amount other than the registration fee (Rs.5000), incorrect payment OR any other payment method other than direct deposited into the given account.
- The existing registered suppliers are required to re-register as per the above criteria for the year of 2026.
- Any incomplete application will inform in the 1st stage for corrections. The supplier should revert back within two working days from the date of informed on corrections.
- The successfully registered suppliers will receive an acknowledgement via email.
- invitations for quotation will be sent to the email address provided by the supplier at the registration process. Therefore, it is the responsibility of the supplier to ensure that their emails are viewed and responded daily without delay.

Lanka Hospitals will not be responsible on incorrect information which you are filled in the given format.

Figure 2.1 - Instruction to complete the application form

Vendor Registration Form

Section 1 - General Company Information

Name of the company:		**Please enter your Company Name according to the BR**
Address:		**Enter Your Company Address**
Business Registration Number:		**Enter your Business Registration Number**
Year of Incorporation:		**Company Starting Year**
Contact person:		**Contact person of your company**
Mobile:		**Mobile number of the contact person**
Office:		**Land Number**
Fax:		**Fax number**
E-mail ID (Accurate Email address for Bid Invitation)	**1**	**Enter valid email address**
	2	**Enter valid email address**
VAT No:		**Company VAT Registration Number**

Section 2 - Nature of Business

Please "(Y)" for selected category according to the BR/ Client Evidence

Medical Category

Drug, Devices and Cosmetic

Non-Medical Category

Food & Beverages
Engineering
Construction
Furniture
IT, Communication and related services
Automobile
Cleaning & Household
Printing, Advertising & Branding
Stationery
Textile & Footwear
Fire & Safety
Electrical and Electronic Appliance / Home & Kitchen Appliances & Cleaning Machineries

Crockery, Cutlery & Glass Ware
Biodegradable & Paper Products
Support Service & Other Services

Section 3 - Company Bank Account Details– Supplier's bank account number for the payment purpose

Name of Bank Account
A/C no
Bank Name
Branch Name
Bank Code (4 digits code)
Branch Code (3 digits code)

Please Fill the Correct Bank Account Details of the company