**APPLICATION FOR REGISTRATION OF SUPPLIERS**

**FOR AIRCRAFT MAINTENANCE, SPARE PARTS, COMPONENTS AND SERVICES**

**SRI LANKA AIR FORCE (2025**)

**REGISTRATION OF SUPPLIERS**

**AND CONTRACTORS**

**Note:** *This application form is confidential and the information provided will be used solely for the purpose of supplier registration with the Sri Lanka Air Force. Applicants are strictly prohibited from altering the format of this application form. Any modification to the format may result in disqualification."*

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section A. Company Information** | **For Office Use** |
|  | **Company Name:** (Legal Name as registered) | Click here to enter text. |  |
|  | **Registered Address:** (Street, City, State/Province, Postal Code, Country) | Click here to enter text. |  |
|  | **Headquarters Address:** (Street, City, State/Province, Postal Code, Country - if different from Registered Address) | Click here to enter text. |  |
|  | **Regional Offices (if any):**List all regional offices with complete addresses | Click here to enter text. |  |
|  | **Country of Registration:**(Where the company is legally registered) | Click here to enter text. |  |
|  | **Company Registration Number:**(Include the issuing authority) | Click here to enter text. |  |
|  | **Contact Information:**  |
| **Primary Contact Person:**(Full Name) | Click here to enter text. |  |
| **Designation:**(Official Job Title) | Click here to enter text. |  |
| **Email Address:**(Professional Email Address) | Click here to enter text. |  |
| **Phone Number:**(Include international dialing code and country code) | Click here to enter text. |  |
| **Secondary Contact Person (Optional):**(Full Name, Designation, Email, Phone) | Click here to enter text. |  |
| **Website URL:**(Official Website) | Click here to enter text. |  |
|  | **Company Structure:** |
| **Ownership Structure:**Publicly Traded / Privately Held / Partnership / Limited Liability Company / Other (Specify) | Click here to enter text. |  |
| **List of Key Shareholders/Owners:**(Full Name, Percentage of Ownership, Country of Residence) | Click here to enter text. |  |
| **Parent Company (if any):**(Name, Registered Address) | Click here to enter text. |  |
| **Subsidiary Companies (if any):**(List each with name and registered address) | Click here to enter text. |  |

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section A1. Local Agent Information (If applicable)** | **For Office Use** |
|  | **Local Agent Company Name:****(Legal Name as registered in Sri Lanka)** | Click here to enter text. |  |
|  | **Registered Address:**(Street, City, District, Postal Code, Sri Lanka) | Click here to enter text. |  |
|  | **Business Registration Number:**(Registration number in Sri Lanka) | Click here to enter text. |  |
|  | **Contact Information:** |
|  **Primary Contact Person:**(Full Name, Designation, Email, Phone) | Click here to enter text. |  |
| **Secondary Contact Person (Optional):**(Full Name, Designation, Email, Phone) | Click here to enter text. |  |
|  | **Relationship to Foreign Principal:**(Specify, e.g., Authorized Agent, Exclusive Distributor) | Click here to enter text. |  |
|  | **Power of Attorney/Agency Agreement:**(Attach a copy authenticated by an Attorney at Law or Notary Public in Sri Lanka. Must include Scope, responsibilities, and duration of the agreement. | Click here to enter text. |  |

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section B. Operational Details** | **For Office Use** |
|  | **Year of Establishment:**(Year the company was legally incorporated) | Click here to enter text. |  |
|  | **Global Operational Footprint:**  |
| **Number of Offices Worldwide:**(Specify the number of offices globally) | Click here to enter text. |  |
| **Major Regions Served:**(List specific countries and regions with a detailed explanation) | Click here to enter text. |  |
|  | **Nature of Business (Provide detailed descriptions):** |
| **Type of Sources:**(Select one or more: Manufacturer, Original Equipment Manufacturer (OEM), Government Body, Authorized Agent, Authorized Distributor, Dealer, Other (Specify)) | Click here to enter text. |  |
| If  "**Other**" , please specify: (**Please provide a detailed explanation of the type of entity you are)** | Click here to enter text. |  |
| If **an authorized Agent or Distributor**, please specify the name of the manufacturer. | Click here to enter text. |  |
| **Manufacturing and Supply of Aircraft Parts:** (Specify the types of parts manufactured or supplied and whether OEM or aftermarket) | Click here to enter text. |  |
| **Maintenance, Repair, and Overhaul (MRO):**(Specify the types of maintenance services offered, e.g., line maintenance, base maintenance, component overhaul, engine repair) | Click here to enter text. |  |
| **Aircraft Acquisition and Sales:**(Specify the types of aircraft offered, and related services such as brokerage and financing) | Click here to enter text. |  |
| **Other (Specify):**(Detail other aviation-related services) | Click here to enter text. |  |
|  | **Supply Chain Management:****Sourcing of Materials:**(Describe the methods used to source raw materials, components, and parts and provide country of origin for major parts) | Click here to enter text. |  |
|  | **Quality Management System (QMS):**\* (Describe how the company ensures quality control through all operations, and provide copies of relevant documentation. Specifically explain how company ensures compliance with aviation standards. | Click here to enter text. |  |

**Not:** *All sources shall provide evidence, qualifications, and industry experience that aligns with your business type to demonstrate that your expertise falls within the aircraft industry.*

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section C. Certifications and Approvals** | **For Office Use** |
|  | **Certifications Held (Attach Copies - Must be valid and current):** |  |
| **International Aviation Authorities:** |  |
| FAA (Federal Aviation Administration): (Certificate Number, Expiry Date, Scope) |  Click here to enter text. |  |
| EASA (European Union Aviation Safety Agency): (Certificate Number, Expiry Date, Scope) | Click here to enter text. |  |
| National Civil Aviation Authority: (Certificate Number, Expiry Date, Scope) | Click here to enter text. |  |
| Other National Aviation Authority: (Specify Authority, Certificate Number, Expiry Date, Scope) | Click here to enter text. |  |
| **Industry-Specific Certifications:** |  |
| AS9100: (Certificate Number, Expiry Date, Scope, Issuing Body) | Click here to enter text. |  |
| ISO 9001: (Certificate Number, Expiry Date, Scope, Issuing Body) | Click here to enter text. |  |
| Other: (Specify, Certificate Number, Expiry Date, Scope, Issuing Body) | Click here to enter text. |  |
| **OEM Authorizations (Attach Copies):** |  |
| Specify OEM and Models, Authorization Level | Click here to enter text. |  |

*Note: If you are an authorized agent or distributor, please provide details of the authorization granted by the OEM, including the authorized scope of your business (e.g. distribution of a particular product or service for a specific region)".*

**Verification Process**: I understand that the SLAF will verify the validity and authenticity of all certifications through appropriate agencies and bodies and that all certifications must be current and valid to be considered)

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section D. Financial and Legal Information** | **For Office Use** |
|  | **Financial Statements:**Attach audited financial statements for the last three fiscal years (2022, 2023, 2024), prepared in accordance with International Financial Reporting Standards (IFRS). | Click here to enter text. |  |
|  | **Annual Turnover (in USD):** |  |
| 2022: | Click here to enter text. |  |
| 2023: | Click here to enter text. |  |
| 2024: | Click here to enter text. |  |
|  | **Key Financial Ratios (Based on Audited Statements):** |  |
| Debt-to-Equity Ratio (for last three years): | Click here to enter text. |  |
| Current Ratio (for last three years): | Click here to enter text. |  |
| Quick Ratio (for last three years): | Click here to enter text. |  |
|  | **Bank Details:** |  |
| **Bank Name:**(Full Name of Bank) | Click here to enter text. |  |
| **Branch:**(Branch Name and Address) | Click here to enter text. |  |
| **Swift Code:**(International SWIFT/BIC code) | Click here to enter text. |  |
| **Account Number:**(Include Currency Type) | Click here to enter text. |  |
| **Bank Reference:**(Provide contact details of a bank representative who can confirm the supplier’s financial standing) | Click here to enter text. |  |
| **Insurance Coverage Details:** |
| **Liability Insurance:**(Attach certificate of insurance and policy document) | Click here to enter text. |  |
| **Minimum Coverage Amount:** (Specify Amount in USD) | Click here to enter text. |  |
| **Types of Coverage:** (Describe the types of liability covered, e.g., general liability, product liability, aviation liability) | Click here to enter text. |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Export Control Compliance:**(Confirm your company adheres to all applicable national and international export control regulations, sanctions, and embargos and provide any certifications in this regard. | Click here to enter text. |  |
| **Legal Compliance:**(The company understands that it will comply with all applicable laws of the Democratic Socialist Republic of Sri Lanka, including labour laws and environmental regulations and provide copies of any relevant certifications) | Click here to enter text. |  |
| **Anti-Bribery and Corruption:**(The company confirms that it has policies in place to prevent bribery and corruption and shall refrain from engaging in such practices) | Click here to enter text. |  |

.

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section E. Technical and Operational Capabilities** | **For Office Use** |
|  | **Experience with Aircraft Types (Specify Models):**(List all specific aircraft models you have experience in maintaining, supplying parts for, or acquiring) (list the manufacturer of the provided parts, in case that the principal is not the manufacturer.) | Click here to enter text. |  |
| **Detailed Maintenance Services Provided:**(List all specific maintenance services, specifying the level of maintenance, e.g., A-Check, C-Check, engine overhaul, avionics repair etc.) | Please provide a list as annexes to this application. |  |
|  | **Details of Major Contracts Executed in the Last Five Years (Related to Aviation):**For each contract:**Client Name:****Project Scope:**(Detailed Description)**Contract Value (USD):****Contract Duration (Start and End Dates):** | Please provide a list as annexes to this application. |  |

**Note:** When completing Section E, be very specific about the **aircraft models** and **the exact systems** you have experience with. To ensure the application can showcase the services you are offering, provide details of each service, **with the corresponding details from the DETAILED CATEGORY LIST**.

**Examples:**

**Category Details**

**The Exact Systems**

**Aircraft Model**

**Kfir C2/C7**: **Engine Overhaul (GE J79)** - **Category 1-MRO, Subcategory 1.1. Engine MRO**;

JY 11 Radar - System Repair - Category 1-MRO, Subcategory 1.3 Avionics MRO

Beechcraft B-200: Structural Life Extension Program (Wing Spar Replacement) - Category 1-MRO, Subcategories 1.2 Airframe MRO and 1.6 Life Cycle Management;

Avionics Upgrade (Garmin GNS 530W) - Category 1-MRO, Subcategory 1.3 Avionics MRO

Mi-24: Rotor Blade Repair (Composite Blade) - Category 1-MRO, Subcategory 1.4 Rotor Systems MRO

Mi-17: Tail Rotor Gearbox Overhaul - Category 1-MRO, Subcategory 1.4 Rotor Systems MRO

|  |  |  |
| --- | --- | --- |
| **S/No** | **Section F. References** | **For Office Use** |
|  | **Provide a minimum of five references from past clients (Aviation related). These references must include clients from at least three different geographic regions.**For each reference:**Client Name:****Contact Person:**(Full Name)**Designation:****Email Address:****Phone Number:****Brief Description of Services Provided:**(Detailed Description of Services)**Duration of Services:**(Specify Start and End Dates) | Please provide a list as annexes to this application. |  |

**Verification of References:**

(I understand that the SLAF may contact these references, and that it is my responsibility to obtain consent from references for provision of this information)**Section H: Declaration**

I, the undersigned, hereby declare and confirm the following:

1. That I am duly authorized to sign this application on behalf of the Applicant company.
2. That the information provided in this application, along with all attachments, is true, accurate, and complete to the best of my knowledge and belief.
3. That the company agrees to fully comply with all applicable laws and regulations of the Democratic Socialist Republic of Sri Lanka and any applicable international laws.
4. That I, and the company agree to indemnify and hold harmless the Sri Lanka Air Force against any liabilities, losses, or damages arising out of or in connection with the information provided in this application.
5. That I, and the company agree to resolve any dispute arising from this application or a subsequent agreement through arbitration in accordance with Sri Lankan Law.
6. That the company understands that, if selected, **it will enter into a Framework Agreement with the SLAF**, valid for three years, subject to annual renewal based on performance and operational requirements, and that suppliers registered under the Framework Agreement will be invited to participate in competitive bidding for specific call-offs under their registered category, and further that the company will comply with any additional requirements imposed by the SLAF."
7. That I, and the company will comply with confidentiality requirements of the Sri Lanka Air Force with respect to any sensitive information that comes into our possession, and will not disclose or use such information for any unauthorized purpose.
8. That the company is not involved in any illegal practices, including bribery, corruption, or any actions contrary to the laws of Sri Lanka and international laws.
9. **That the company is seeking registration for the following categories: (Please indicate the category numbers correctly)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |

*Example:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1-MRO** | **2-CMRO** | **3-SPRS** |  |  |

**To ensure your application is processed, confirm that the correct payment has been made for each selected category as mentioned above. Applications without the correct payment will be rejected. Please attach the deposit slip as proof of payment.**

1. That the company acknowledges that providing false or incomplete details regarding the selected categories may lead to rejection **without further justification by the Sri Lanka Air Force, and that the Sri Lanka Air Force reserves all rights in this regard**.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Seal**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Submission:**

1. **Applicants are strictly prohibited from altering the format of this application form. Any modification to the format may result in disqualification.**
2. **Complete all Sections A to H** of this application form in full and **in English**. Incomplete applications will not be processed.
3. **Attach all required documentation**, including certifications, financial statements, and references. Ensure all attached documents are **in English, or provide certified translations.**
4. **Clearly and precisely indicate the specific categories** you are applying for **in Section H** of this application form, as per the provided category list.
5. **To ensure your application is processed, confirm that the correct payment has been made for each selected category in Section H, as per the fee structure below. Applications without the correct payment will be rejected. Please attach the deposit slip as proof of payment. Fee Structure:**

**Foreign Principal (Direct Payment in USD): USD 50 per category**

**Local Agent or Local Supplier (Payment in Sri Lankan Rupees): Rs 15,000 per category"**

1. Submit the completed application as a single **PDF document** (**maximum size: 25 MB**) by email to: **lquote@slaf.gov.lk**.
2. For inquiries, contact: Chief Procurement Officer (Tel: +9411-2347694) or the Staff Officer Procurement (Tenders) (Tel: +9411-2495495, +9477-2229073, +9471-1874693, Extension 12915; Fax: +9411-2441553), or by forwarding written requests to lquote@slaf.gov.lk and acpot@slaf.gov.lk.
3. The Sri Lanka Air Force reserves the right to request further clarification or information at any stage of the registration process, including on-site audits.
4. **If local agent in Sri Lanka is involved, the section (A1) must be completed** with all required details and supporting documents as specified in section A1.
5. The Sri Lanka Air Force reserves the right to modify this application form, the detailed category list, or any related documents. **Any such modifications will be published as an addendum on the SLAF website** ((URL: <https://www.airforce.lk/main_tender.php>) **on or before 10 March 2025**. **It is the applicant's responsibility to check the website for updates before submitting their application.**