

TALENT CARD MEMBERSHIP APPLICATION FORM

YOUR CHOICE OF MEMBERSHIP

Please tick in a block

☐

Use block letters

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☐
☐
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Limited Liability Company
Private Limited Liability Company
Partnership

☐
☐
☐

Govt./ Statutory body
Professional
Sole Proprietorship

Option 1
Option 2
Option 3

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☐
☐
☐

Gold Card
Silver Card
Red and White Card
Green Card

NUMBER OF INSTITUTIONAL CARD REQUIRED

NUMBER OF EMPLOYEE CARD REQUIRED

YOUR CHOICE OF MEMBERSHIP

NAME OF THE BUSINESS:

BUSINESS REGISTRATION NO: DATE OF INCORPORATE:

ADDRESS OF THE BUSINESS:

Own ☐ Leased ☐ years/months at this address

POSTAL ADDRESS:

DATE OF BUSINESS COMMENCED OPERATION: NUMBER OF EMPLOYEES:

BUSINESS PHONE NUMBERS: FAX NO:

E-MAIL: WEBSITE:

COMPANY DIRECTORS/PARTNERS / PROPRIETORS

NAME	RESIDENTIAL ADDRESS	PHONE No:

FINANCIAL INFORMATION

ASSETS	LIABILITIES	COMPANY TURNOVER
		Estimated turnover
		20 Rs.
		Current turnover
		20 Rs.
		Previous turnover
		20 Rs.
Total	Total	

COMPANY ACCOUNTANT: Tel:

COMPANY AUDITOR: Tel:

COMPANY BANKER(S)

PRODUCTS/SERVICES AVAILABLE ON TRADE:

AUTHORISED OFFICERS OF THE BUSINESS WHO WISH TO BE APPOINTED TO DEAL WITH TALENT TRADING PROGRAMME

NAME	POSITION	OUTLET (PLACE)	PHONE

TRADE REFERENCES

BUSINESS NAME	CONTACT NAME	NATURE OF BUSINESS	PHONE No.

PARTNERSHIP/PROPRIETORSHIP/PROFESSIONALS ONLY

Details of nearest relation within Sri Lanka (not living with you)

Name: Relationship:

Address: Telephone No:

NAME	DATE OF BIRTH	POSITION	ID/DL/PP No.	TELEPHONE No.	EMAIL ADDRESS
Maximum 15 letters including spaces					

Talent card (herein called WSL) a [REDACTED] (herein called 'client')
I understand that the term and conditions contained herein and in the WSL Trading Rules and Regulations govern the operation of an approved WSL Talent Card Account and that subject to acceptance of the WSL Talent card account in the Application this Agreement became effective when signed by WSL.

☐	OTHER	☐	TALENT CONSULTANT/NAME		
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