

Digital Marketing Platform for women Entrepreneurs  
**(lanka women e-market)**  
Application form for the Registration of Digital Marketing Platform  
(Please submit separate forms for registering each business)

1. Name in Full :  
(in Sinhala)
2. Name with initials :
3. Name in Full :  
(In English)
4. Address :
5. District :
6. Name of the Divisional Secretariat Division:
7. NIC No. / Passport No./Driving License No :
8. Tel No (Land) :
9. Tel No (Mobile) :
10. WhatsApp No. :
11. E-mail Address :
12. Details of Business
  - 12.1 Name of the Business :
  - 12.2 Year of the Commencement :
  - 12.3 Address :
  - 12.4 Telephone No :
  - 12.5 Whether the business has been registered?: Yes/ No
  - 12.6 Institution with which the business has been registered :
  - 12.7 Date of Registration :
  - 12.8 Are you the owner of the business? : Yes/ No
  - 12.9 Whether this is a partnership business or a business by as Sole Proprietorship ?  
Sole Proprietorship / Partnership business
  - 12.9.1 If partnership business who is the partner:
  - 12.10 Number of employees in the business :
13. Educational and Professional Qualification of the Owner of business :

14. Address of Facebook page, if available :

15. Name of your Youtube channel, if available :

16. Nature of the Business :

17. Details of products and their prices:  
(Specify with clear photographs)

18. Modes used for delivering goods:

<input type="checkbox"/>	Parcel post
<input type="checkbox"/>	Courier Service
<input type="checkbox"/>	Delivered by

19. Do you have links with other online networks which help online transactions? Yes / No

19.1 Details of such networks, if yes:

I certify that the particulars furnished herein are true and accurate, and I have to abide by all the terms and conditions that govern the software system designed for online sale and purchase of products.

.....  
Date

.....  
Applicant's signature

**Verification of the identity of the applicant can be done by one of the officers of Grama Niladhari/ Women Development Officer/ Samurdhi Development Officer/ Economic Development Officer belonging to the applicant's place of residence.**

I do certify that the particulars furnished herein by the above applicant Ms / Mrs  
....., are true and accurate.

Name of Certifying Officer:

Designation:

Telephone No :

Signature:  
(Place the official stamp)

Please scan the completed application forms and mail to [mwca.itunit@gmail.com](mailto:mwca.itunit@gmail.com)

**For more details, please contact over 011-3463096 / 011-2186176**