



Digital Marketing Platform for women Entrepreneurs
(E-Pola)

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. E-mail Address :
11. Are you a member of a Women's Society which has been registered with the Women's Bureau of Sri Lanka? : Yes / No
 - 11.1 If Yes .Name of Women's Society :
 - 11.2 Registration No. :
 - 11.3 Name of the member:
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. Nature of the Business :

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

16. Modes used for delivering goods:

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

17. Mode of Transaction:

<input type="checkbox"/>	Online
<input type="checkbox"/>	Cash on delivery

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

18.1 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

Certification of Women Development Officer (WDO) at District / Divisional Secretariat.

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

Name of WDO:

District / Divisional Secretariat:

Telephone No :

Signature:

Please scan the completed E-hub Application forms and mail to mwca.itunit@gmail.com

For more details, please contact over 011-2186176