

GS FORM 01

Grama Niladhari Certification for Proprietor/Partner (s)/Director (s)/Wharf Representative (s)

Serial No of Registration at G/S office

I certify that Mr/Mrs/Ms (Full Name)

.....

is residing at (address)

.....

.....for..... years.

I also certify that he/she is registered as a voter within my G/S Division under registration number in the.....(year) list.

Name of Grama Niladhari:

Grama Niladhari Division:

Name of Divisional Secretariat:

Date:

Signature:

Official Stamp

Divisional Secretary Certification for Proprietor/Partner (s)/Director (s)/Wharf Representative (s)

Name:

Designation:

Date:

Signature:

Official Stamp

Important:

- i) Please submit three copies of GS form 01 to Grama Niladhari.*
- ii) One copy will be retained by Grama Niladhari,*
- iii) One copy will be retained by Divisional Secretary and the other copy with the certification from Grama Niladhari and Divisional Secretary has to submit to Customs.*