



### Application Form 2024

Company Name **Control Union Inspections (Pvt) Ltd**  
Address **2nd Floor, BAM Musee Tower, 52,, Sir Marcus Fernando Mw,, Colombo 07, Sri Lanka**  
Telephone Number **0094, 112678607**  
Mobile Number **0094, 768469257**  
Email Address **kgunathilaka@controlunion.com**  
Contact Person **Mr. Kavindu Gunathilaka**  
Position of Contact Person **Commercial Lead**  
Membership Type **Non-SLAITO**  
Company Scale **Non-SME**

We require **01** Units/Of **9** sqm. **Bare Space**  
Preferd stall No(s) [Option 01] **A144**  
Preferd stall No(s) [Option 02] **A 100**  
Total cost of LKR **RS. 82,800.00**

### **Payment Details**

All payments should be made by cheques drawn, in favour of "Sri Lanka Association of Inbound Tour Operators" and handed over to the Exhibition Secretariat, CDC Events, at the address mentioned below. If you wish to send a bank transfer please send to: "Sri Lanka Association Of Inbound Tour Operators" (A/C No. - 102002779908, Bank Name - DFCC Bank PLC, Code - 7454, Branch & Code - Fort Super Grade Branch, 111, SWIFT Code - DFCCCLKLX)



Seal

Signature

**2024-04-28**

Date

**Kavindu Gunathilaka**

Name

**Commercial Lead**

Position

Organized by



Joint Event Organizer

**CDC EVENTS**

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