

READY to showcase at WayaMart

APPLICATION FORM FOR SUPPLIERS OF WayaMart

<https://forms.gle/uCdsyaZer2TRyc5x6>

NAME

FIRST	SURNAME

CONTACT DETAILS

MOBILE	EMAIL

FACULTY

FAPM	<input type="checkbox"/>	FLFN	<input type="checkbox"/>
FAS	<input type="checkbox"/>	FOM	<input type="checkbox"/>
FBSF	<input type="checkbox"/>	FOT	<input type="checkbox"/>

SUPPLY

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RETURN TO

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