

ASSURANCE FORM

I
being the owner/Director/Manager of the business establishment
namely
bearing Business Registration Number
situated at
.....
within the Medical Officer of Health area of

I hereby assure that I will adhere to the legal provisions applicable to prevent and control of the infectious and contagious diseases and the guidelines, instructions and the circulars issued by the Ministry of Health and Indigenous Medical Services from time to time on measures to be adopted in functioning the said businesses / establishment to prevent and control the Corona virus disease 2019 (COVID-19).

I am aware that action can be taken against me under any applicable legal provisions of the existing legislation /legislations, in the event of any breach of such legal provisions by me or any employee of my establishment.

Signature:

National Identity card Number:

Date:

Note: You are required to fill the provided Assurance form, indicating compliance with the instructions given. The original of the Assurance form should be submitted to the area Medical Officer of Health. A copy of the same should be sent to the local government authority (municipal council/ urban council/ pradeshiya sabha) and another copy should be kept with you. The owner/ employer/ manager of the organization/ premises is responsible to ensure that the above guidelines are strictly adhered to.