

VENDOR REGISTRATION APPLICATION

This form must be fully completed and returned to the address provided on page 3 of this form.

Form will be rejected if the form is incomplete or contain incorrect or false information.

Please fill the form in CAPITAL LETTERS

GENERAL INFORMATION

<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Sole Trader/Local Investment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Private Company	<input type="checkbox"/> cooperative	<input type="checkbox"/> Individual
<input type="checkbox"/> Club/Association/NGO/NPO/Charity		
Name of Business/Institution		
Trading Name (If different from business name)		
Name of Sole Trader/Individual		
Name of Reporting Institution/ Parent Company (Where applicable)		
ID Card No. (For Sole Trader/Individual)	<input type="text"/>	Tax ID No.
Registration No		Date of Commencement of Business
Country of Incorporation		Date of Incorporation
Contact Person		
Designation		
Mobile No		

CONTACT DETAILS

Telephone No.	<input type="text"/>	Email Address	<input type="text"/>
Fax No.	<input type="text"/>	Website	<input type="text"/>
Registered Address	House/Building Name		
	Flat No./Floor	Street Name	
	Island Atoll/City	Postcode	<input type="text"/>
	Country		
Correspondence Address (If different from above)	House/Building Name		
	Flat No./Floor	Street Name	
	Island Atoll/City	Postcode	<input type="text"/>
	Country		
Preferred Mailing Address	<input type="checkbox"/> Registered Address <input type="checkbox"/> Correspondence Address		



SUPPLY GROUP

Please tick the relevant box/boxes (Please provide relevant information on your business)

- | | |
|--|--|
| <input type="checkbox"/> Accomodation | <input type="checkbox"/> Marine Services/equipments |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Network related equipments |
| <input type="checkbox"/> Alarm services & equipment, fire rescue | <input type="checkbox"/> Pest Controls |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Photography/videography/audiography |
| <input type="checkbox"/> Cleaning services | <input type="checkbox"/> Printing |
| <input type="checkbox"/> communication services | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Computer equipments/hardware/software | <input type="checkbox"/> Rentals |
| <input type="checkbox"/> Conference/Training facilities | <input type="checkbox"/> Repair & maintenance of equipments |
| <input type="checkbox"/> Construction/renovation & maintenance | <input type="checkbox"/> Security services |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Stationeries |
| <input type="checkbox"/> Consumables | <input type="checkbox"/> Transport (air) & related service |
| <input type="checkbox"/> Designing | <input type="checkbox"/> Transport (land) & related service |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Transport (sea) & related service |
| <input type="checkbox"/> Fuel & Lubricants | <input type="checkbox"/> Utility Services |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Valuation/inspection |
| <input type="checkbox"/> Garments/materials | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Hardware | <input type="checkbox"/> Vessels |
| <input type="checkbox"/> Insurance | |

PAYMENT DETAILS

Preferred Payment Method

- ☐ Cheque
- ☐ Account Trasnsfer

Account No.

Bank

DECLARATION

I/we hereby agree that:

- * The information provided in this form is correct
- * All copies of relevant information are attached
- * Payment will be effected within 30 days of complete delivery of goods /service as per the PO/Award letter.
- * Any changes/update to the information provided in the registration form, will be submitted to Bank of Maldives along with the revised documents.

Name											
Designation											
ID Card No.	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Contact No.

D	D	M	M	Y	Y	Y	Y
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.....
Authorised Signature

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Seal

.....
Date

Please return this form to the address below:

Procurement Department
Seatracs Building - 3rd Floor,
Bank of Maldives PLC,
Boduthakurufaanu Magu, Male' 20251,
Republic of Maldives
Phone: +960 301 5351/301 5352
Fax: +960 301 5320
www.bankofmaldives.com.mv

LIST OF DOCUMENTS TO BE PROVIDED WITH THE FORM

Companies registered as per The Companies Act of the Republic of Maldives (Act No. 10/96) are required to submit the following additional Documents:

- | | |
|--|--|
| <input type="checkbox"/> Copy of Articles and Memorandum of Association (including any amendments thereto)
<input type="checkbox"/> List of shareholders (not required for public listed companies) & directors
<input type="checkbox"/> Copy of Passport and Work permit/Visa for foreign board directors
<input type="checkbox"/> Copy of Audited Financial Statements (not older than 18 months) | <input type="checkbox"/> Company Registration
<input type="checkbox"/> Copy of ID card for Maldivian board directors
<input type="checkbox"/> Copy of Annual Fee Receipt
<input type="checkbox"/> Declaration of Indebtedness to the Bank |
|--|--|

Partnerships registered as per Partnership Act (Act No. 13/2011) are required to submit the following additional documents:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Certificate of Registration
<input type="checkbox"/> Detailed List of Partners
<input type="checkbox"/> Copy of ID card for Maldivian partners
<input type="checkbox"/> Copy of Passport and Work permit/Visa for foreign partners | <input type="checkbox"/> Copy of Financial Statements (not older than 18 months)
<input type="checkbox"/> Copy of Annual Fee Receipt
<input type="checkbox"/> Declaration of Indebtedness to the Bank |
|--|---|

Cooperative Societies registered as per Cooperative Societies Act (Act No. 3/2007) are required to submit the following additional documents:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Certificate of Registration
<input type="checkbox"/> Copy of Financial Statements (not older than 18 months)
<input type="checkbox"/> Copy of ID card of Executive committee members (for Maldivian) | <input type="checkbox"/> Copy of Annual Fee Receipt
<input type="checkbox"/> Declaration of Indebtedness to the Bank |
|---|---|

Sole Traders/Local Investments are required to submit the following additional documents:

- | | |
|--|--|
| <input type="checkbox"/> Business Name Registry or Trade License (permit to sell imported goods)
<input type="checkbox"/> Declaration of Indebtedness to the Bank
<input type="checkbox"/> Copy of Financial Statements (not older than 18 months) | <input type="checkbox"/> Copy of ID card of Sole Trader
<input type="checkbox"/> Copy of Annual Fee Receipt |
|--|--|

Individuals (not registered as a trader) are required to submit the following additional documents.

- ☐
- Copy of ID card
-
- ☐
- Declaration of Indebtedness to the Bank
-
- ☐
- A Copy of Financial Statements (not older than 18 months), if available

FOR BANK USE ONLY

	Staff ID	Staff Signature	Date
Form and supporting documents received by			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> DDMMYYYY </div>
Information verified by			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> DDMMYYYY </div>
Entered to ERP by			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> DDMMYYYY </div>