ޅ. އަތޮޅު ހޮސްޕިޓަލް

Lhaviyani Atoll Hospital

ޅ. ނައިފަރު، ދިވެހިރާއްޖެ

Lh. Naifaru, Republic of Maldives

VENDOR REGISTRATION FORM

All Section on this form needs to be filled in CAPITAL LETTERS

For Hospital Use

GENERAL INFORMATION

- ☐ Sole Trader / Local Investment
- ☐ Private Company
- ☐ Club / Association / NGO / NPO/ Charity
- ☐ Partnership
- ☐ Individual
- ☐ Cooperative

Name of Business:			
Trading Name: (if Different from above)			
Name of Sole Trader / Individual			
Business Registration No.		Contact No	
E-mail address			

BANKING INFORMATION

Bank Name	
Beneficiary Name	
Account Number	

GOODS/SERVICES PROVIDED

	Furniture		Garments/ Materials
	Stationaries		Labor for Day work
	Cleaning Items		Computer Equipment's/hardware/software
	Office Equipment		Network Related Equipment
	Food Items		Photocopy Machines/Printers and Consumables
	Renovation & Maintenance		Repair & Maintenance of Office Equipment
	Signboard Fabrication		Fuel & Lubricants
	Pest Controls		Cleaning Services
	Transport (Sea)		Catering Services
	Transport (Land)		Printing
	Plants & Fertilizers		Rentals
	Accommodation		Venue Leasing
	Hardware		Security Services
	Designing		Vehicles/Vessels/Spare Parts
	Photography/Videography		Plumbing & Sanitary Works
	Electrical Work		Repair & Maintenance of ACs
	Others: (Please specify)		

DECLARATION

I/We hereby agree that:

1- Any changes/update to the information provided in the registration form, will be submitted to Lhaviyani Atoll Hospital along with the revised documents

2- All and any conflict(s) of interests to any employee of Lhaviyani Atoll Hospital

3- Any Related Parties will be disclosed and any changes to Related Party updated immediately. The disclosure must be made as per below table (leave blank if none exists)

Employee Name	NID No.	Designation & Office	Relation

Note: If the above space is not enough, please attach an additional sheet of this page.

a) The information provided in this form are true and correct to the best of my/our knowledge.

b) Any changes/update to the information provided in the registration form, will be submitted to Lhaviyani Atoll Hospital along with the revised documents.

c) Have no objection to Lhaviyani Atoll Hospital verifying the information provided in this form via the relevant government authority.

Authorized Signature: Seal: D D M M Y Y Y Y

LIST OF DOCUMENTS REQUIRED

#	Documents Required	Submitted	Checked
1	Completed vendor registration Form		
2	National ID card copy of the owner/s		
3	Copy of Business Registration Certificate		
4	Copy of SME Registration		
5	Copy of Goods & Service Tax Registration Certificate GST / T-GST		
6	Company Profile		
7	List of Authorized Business Activities		

FOR LHAVIYANI ATOLL HOSPITAL USE ONLY

	EMPLOYEE NAME	SIGNATURE	DATE
Received by			D D M M Y Y Y Y
Verified By			D D M M Y Y Y Y
Registered By			D D M M Y Y Y Y