

Secretariat of the Kudarikilu Council, South Maalhosmadulu Kudarikilu, Rep of, Maldives

APPLICATION FOR BIDDING DOCUMENTS

NAME OF THE ISLAND	
INDIVIDUAL	
A - FULL NAME OF THE APPLICANT Dr / Mr / Ms / Mrs	B - IDENTITY CARD NUMBER
- PERMANENT ADDRESS (including road name)	D - CORRESPONDENCE ADDRESS (if different from c)
- CONTACT DETAILS	Tel: Fax: Mobile:
- SIGNATURE	
BUSINESSES	
A - BUSINESS NAME	B - IDENTITY REG. NUMBER
- REGISTERED ADDRESS (including road name)	D - CORRESPONDENCE ADDRESS (indifferent from c)
E - AUTHORISED SIGNATORY	Designation:
- CONTACT DETAILS	Mobile:
	H - STAMP

5. FOR OFFICIAL USE ONLY			
A - NATIONALITY:	Foreign		
D - DOCUMENT SERIAL NO:			
E - DATE ISSUED: F - ISSUED BY: Name:			
Signature:			
4. CONTACT PERSON			
A - FULL NAME Dr / Mr / Ms / Mrs		B - IDENTITY CARD NUMBER	
F - CONTACT DETAILS			
Tel:	Fax:	Mobile:	
		D - SIGNATURE	

NOTE:

1 - Please bring the national identity card/Passport when submitting this form for purchase of the bid document.