

VENDOR REGISTRATION APPLICATION

THIS FORM MUST BE COMPLETED AND MAILED TO THE MAIL ADDRESS: procurement@igmh.gov.mv

NOTE: THE FORMS WHICH ARE INCOMPLETE/ CONTAINS FALSE INFORMATION WILL BE REJECTED.

Please fill the form in BLOCK LETTER

GENERAL INFORMATION

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Sole Trader/ Local Investment | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Private Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |

Name of the business/ institution	
Trading name	
Name of the sole trader/ Individual	
Name of the Reporting institution/ Parent Company (Where applicable)	
National ID card No./ Passport No.	<input type="text"/>
Registration Number	
Country of incorporation	
Contact person	
Designation	
Mobile number	
Tax ID	
Date of Commencement of Business	<input type="text"/>
Date of Incorporation	<input type="text"/>

CONTACT DETAILS

Telephone No.		Email address	
Fax No.		Website	
Registered Address	House/Building Name		Street Name
	Flat No./ Floor		Post code
	Island Atoll/ City		
	Country		
Correspondence Address (if different from the above mentioned address)	House/Building Name		Street Name
	Flat No./ Floor		
	Island Atoll/ City		Post code
	Country		

