

Authentic Maldives Supplier Application Form



Outlet Duty Free Crossroads Male' Villa Nautica S Gan

Please use CAPITAL letters and tick where appropriate.

Version 4

1. Personal Information

Mr Miss Mrs Dr

Full Name	<input type="text"/> <input type="text"/>	NIC No.	<input type="text"/>
Present Address	<input type="text"/> <input type="text"/>	Permanent Address	<input type="text"/> <input type="text"/>
DOB	<input type="text"/>	Email	<input type="text"/>
		Contact No.	<input type="text"/>

2. Business Details (if registered)

Business Name	<input type="text"/> <input type="text"/>	Registration No.	<input type="text"/>
Operating Address	<input type="text"/> <input type="text"/>	Email	<input type="text"/>
Contact No.	<input type="text"/>		

3. Additional Details

Brand Name	<input type="text"/> <input type="text"/>	Is it registered	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Logo		Is it registered	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Would you like assistance in brand registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Would you like assistance in logo registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. Product Information

Product 1

Name	<input type="text"/> <input type="text"/>	Category	<input type="text"/> <input type="text"/>
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Please select one from 'Product Categories' on page 05

Price in MVR	<input type="text"/>
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Number of variations	<input type="text"/>	Percentage of cost incurred locally	<input type="text"/> %
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Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____



Product 2

Name
 Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations

Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 3

Name
 Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations

Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 4

Name
 Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations

Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 5

Name
 Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations

Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____



Product 6

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 7

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 8

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 9

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____



Product 10

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 11

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 12

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 13

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 14

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

Product 15

Name

Category

Please select one from 'Product Categories' on page 05

Price in MVR

Number of variations Percentage of cost incurred locally %

Names of variations _____

Materials/ Ingredients used _____

Packaging materials _____

4. Product Categories

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> C 1 - Accessories | <input type="checkbox"/> C 2 - Apparel | <input type="checkbox"/> C 3 - Arts & Crafts | <input type="checkbox"/> C 4 - Books |
| <input type="checkbox"/> C 5 - Cosmetics | <input type="checkbox"/> C 6 - Food & Beverage | <input type="checkbox"/> C 7 - Handicrafts | <input type="checkbox"/> C 8 - Home Décor |
| <input type="checkbox"/> C 9 - Lifestyle | <input type="checkbox"/> C 10 - Stationery | <input type="checkbox"/> C 11 - Souvenirs | <input type="checkbox"/> C 12 - Toys |

5. Documents Required

- Completed application form
- ID card copy of the owner
- Copy of business registration certificate (if registered)
- FDA Approval (Food & Beverage)
- ISO Certification OR Microbiology test reports (Cosmetics) - If conducted
- Soft of logo (png or jpeg)
- Product photos (with and without packaging)

*Business Center Corporation will assist in acquiring FDA Approval and ISO Certification/ Microbiology testing reports to all interested parties who wish to join Authentic Maldives as a supplier.



The information I have provided on this form is correct and I have read and accepted Authentic Maldives terms and conditions.

Date

Signature

For Office Use Only

Staff Name

Staff ID

Signature

Date