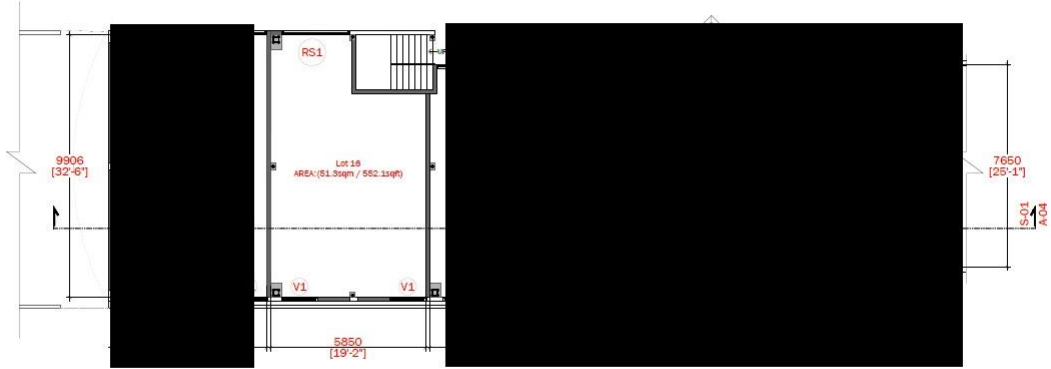


ސަލާމަތް 2 (ސަލާމަތް 1 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން)

ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތައް	
<input type="checkbox"/>	1 ސަލާމަތް 1 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
ސަލާމަތް 2 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން	
<input type="checkbox"/>	2 ސަލާމަތް 2 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	3 ސަލާމަތް 3 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	4 ސަލާމަތް 4 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	5 ސަލާމަތް 5 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	6 ސަލާމަތް 6 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	7 ސަލާމަތް 7 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	8 ސަލާމަތް 8 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
ސަލާމަތް 9 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން	
<input type="checkbox"/>	9 ސަލާމަތް 9 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	10 ސަލާމަތް 10 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	11 ސަލާމަތް 11 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން
<input type="checkbox"/>	12 ސަލާމަތް 12 ގެ ފަހަތުގައި ބަޔާންކުރި ގަވާއިދުތަކާ ގުޅިގެން

މަސައްދަވާ ތާރީޚު 2025/05/01
ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ

ޖަދުވަލު 2 ސަބަބު ސަބަބު ސަބަބު



Announcement Number: **(IUL)113-PD/1/2026/41**
Bid submission Date: **14th June 2026 11:00 GMT+5**

BID SUBMISSION FORM

Subject:

Rent Per Month (MVR):

Amount in Words:

Bid Validity (Days):

Company Name/Name:

Date:

Contact No:

Company Registration No:

(If individual ID No.)

Company Seal / Signature

Note:

- **Without this Bid Submission form your proposal will not be accepted.**
- *Please fill all the contents in this form.*
- *Please submit a copy of Company Registration Certificate with this form & ID card Copy of Owners and Shareholders.*
- *Please submit the declaration of conflict of interest form*
- *Individual must submit ID card copy.*

CONFLICT OF INTEREST DECLARATION

To: Maldives Ports Limited (MPL)
 Subject: Conflict of Interest Declaration
 Date: [Insert Date]
 Tender Title: Rental of MNH Lot No. []

[The Bidder shall fill in and submit this form with the Bid]

I, the undersigned, as the authorized signatory for **[Insert Company Name]**, hereby declare the following:

1.1 Does your company, any director, employee, or agent of the company have any actual or potential conflict of interest with any MPL personnel, other bidders, or third parties involved in this tender?

Yes

No

If **Yes**, please provide details of the conflict of interest below:

Details of Conflict of Interest (if applicable):

[Insert specific details of the conflict, including any relationships or interests that may cause bias, interference, or an unfair advantage in the tender process.]

It is mandatory to declare all Conflict(s) of Interests to any Maldives Ports Limited Employee/Board of Directors/any Vendor, financial, non-financial or otherwise.

The disclosure must be made as per the table below

Employee/Director Name	NID No.	Designation & Department	Relationship

Commitment to Fairness and Ethical Conduct

- Should we become aware of the potential for such a conflict, will report it immediately to Maldives Ports Limited.
- That neither we, nor any of our employees, associates, agents, shareholders, partners, consultants or their relatives or associates have entered into corrupt, fraudulent, coercive or collusive practices in respect of our bid or proposal.
- We understand our obligation to allow Maldives Ports Limited to inspect all records relating to the preparation of our bid and any contract that may result from such, irrespective of if we are awarded a contract or not.
- That no payments in connection with this procurement exercise have been made by us or our associates, agents, shareholders, partners or their relatives or associates to any of the staff, associates, consultants, employees or relatives of such who are involved with the procurement process on behalf of Maldives Ports Limited, Client or Employer.

DECLARATION

We confirm that this declaration is made in good faith, with full understanding of its implications under the applicable laws of the Maldives.

Authorized Signatory:

Signed on behalf of [Bidder Name]:

Name: _____

Position: _____

Address: _____

Date: _____

Authorized Representative:

(Signature)

(Company Seal, if applicable)