



ފުޅުފުލް 1

#	DETAILS	QTY
1	Tyre 11-00R20	10
2	Tube 11-00R20	10



2. ހުށަހަޅުވާ

ބަނޑުލޮފި ޓައިރު ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި

#	ބަނޑުލޮފި ބަނޑުލޮފި	✓	x
1	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
2	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
3	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
4	ބަނޑުލޮފި ބަނޑުލޮފި		
5	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
6	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
7	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
8	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
9	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
10	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި		
11	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި (500000-00 ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި)		
12	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި (ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި)		
13	ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި (ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި ބަނޑުލޮފި)		



ފުލުވުމުގެ ބަލަނު

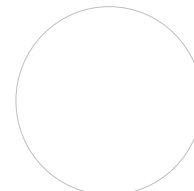
POWER OF ATTORNEY

This Power of Attorney is made and effective on (date)...../...../.....

Be it Known that (Company Name), Address do hereby appoint Mr./Mrs.....,Address ,holding I(identity Card Number) the documents and such other documents in writing and nature as may be necessary or proper in the name of the company and on behalf of the Company.

The Company hereby grant to the Attorney full Power and authority to do every act necessary, with full power of revocation, hereby ratifying and confirming all that the Attorney may lawfully do or cause to be done by virtue of this Power of Attorney.

IN WITNESS WHEREOF, the Company has executed this Power of Attorney on the date first above written by virtue and in accordance with the resolution of the Board of Directors of the Company dated/...../..... authorizing the same.



Name

Company Stamp

(Designation)

I,, (Address).....(ID Number),hereby accept the terms of this Power of Attorney.

.....

Name

Designation