TradeNet Maldives Corporation Limited



H. Palmeyra, 3rd Floor Sosun Magu, Male' 20069

Republic of Maldives

TIN: 1111080 TEL: 3335777

TradeNet Maldives Corporation Limited C10472019

VENDOR REGISTRATION FORM

SUPPLIER'S INFORMATION							
	1						
Sole trader	_	Il Investment Public Limited company					
Partnership Private Company		te Company	Other (Please specify)				
		T					
Name of the busines	ss:						
Registration No:							
Date of incorporation:							
Nature of business:							
Registered address:							
Phone/ Fax number:							
Email address:							
Web site:							
		GOODS/SER\	/ICES PROVIDED				
Air Conditioning	Air Conditioning & Ventilation		Signs & Craft				
Fire & Safety			Branding, Event management				
Communication Services			Cleaning Items (Consumables)				
Mechanical Work			Cleaning Services				
Plumbing & Sanitary Works			Pest Control Services				
Building Maintenance			IT and Networking				
Security Services			Software				
Stationery items			Electric wiring				
Transportation			Electronics/Electric Hardware				
Photocopy Machines/Printers and		nters and	Photography/Videography/Audiography				
Consumables							
Graphic Designin	g		Office Furniture				
Printing			Office Equipment (Computers, Printers)				
Other(s) (Please S	pecify)	:					

	Payment Terms/ Details	
Credit Limit (MVR):		
Credit Term:		
Account Number:		
Account Name:		
Bank:		
Country:		

	Documents Required		Partnership	Private Company	Public Limited Company	Cooperative	Foreign Vendors
1	Completed Application Form		✓	✓	✓	✓	✓
2	National ID Card copy of the owner/s Passport Copy for foreigners	√					
3	Copy of Registration Certificate		✓	✓	✓	✓	✓
4	Copy of Goods & Service Tax Registration Certificate GST / T-GST	✓	✓	✓	✓	✓	
5	Copy of Business Profit Tax Registration Certificate BPT		✓	✓	✓	✓	
6	Company Profile		✓	✓	✓	✓	✓
7	Copy of Partnership Agreement		✓				
8	Tax Clearance Report		✓	✓	✓	✓	✓

I/We hereby declare that the information provided with this application is authentic and accurate. Any changes which happen to information will be informed to TMCL at the earliest.
Name:
Position:
Date:
Signature:

Person to be contacted in case of any work/information needed
Name:
Contact Number/s:
Email:

Forms should be submitted via Email, to **info@tradenet.com.mv**