بسم الله الرحمن الرحيم

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INFORMATION FORM (ANNEX 2)

Name:		NIC number:
Gender:	Date of Birth:	Contact:
Atoll:	Island:	Email:
Emergency Contact (Name and contact number):		Relation:

Business Name:
Business Registration Number:
Product Type:
Business Location:
Applicant's designation in the business:
Average monthly revenue in the past 6 months in MVR (optional):