Ministry of Economic Development Male', Republic of Maldives



## FORM1 - APPLICATION FOR BID SUBMISSION

| Project          | Supply and installation of Meeting Room Equipments |
|------------------|--|
| Announcement No. | (IUL) 101-AS/1/2020/234                            |

- This form should be submitted with the bid proposals
- The Ministry will not accept any BIDS if this form is missing
- All fields are mandatory
- Provide Building / house names, floor, apartment no., road, atoll and island for address fields.

| BIDDER INFORMATION FORM           |                            |                    |     |   |  |  |  |  |  |
|-----------------------------------|----------------------------|--------------------|-----|---|--|--|--|--|--|
| 1. ENTITY TYPE                    |                            | Sole tra           | der | Only the types specified here are considered as   |  |  |  |  |  |
| Choose one                        | □ Company                  |                    | ıv  | business legal entities. If the bidder have a business  |  |  |  |  |  |
|                                   | □ Partnership              |                    |     | name please specify in No. 8 & No. 9  |  |  |  |  |  |
|                                   |                            | Coopera            | •   |   |  |  |  |  |  |
| 2. ID/REGISTRATION NO.            |                            |                    |     | Enter national ID card number for individuals and<br>respective registration number for other (Specified in<br>NO. 1) |  |  |  |  |  |
| 3. NAME OF BIDDER                 |                            |                    |     |   |  |  |  |  |  |
| 4. CONTACT NO.                    |                            | FIXED              |     | MOBILE  |  |  |  |  |  |
| 5. EMAIL ADDRESS                  |                            |                    |     |   |  |  |  |  |  |
| 6. FULL REGISTERED<br>ADDRESS     |                            |                    |     |   |  |  |  |  |  |
| 7. PROPOSED TOTAL PRICE<br>IN MVR |                            |                    |     |   |  |  |  |  |  |
|                                   | BUSINESS NAME (IF DESIRED) |                    |     |   |  |  |  |  |  |
| 8. REGISTRATION NO.               |                            | 9. REGISTERED NAME |     |   |  |  |  |  |  |
| CONTACT PERSON                    |                            |                    |     |   |  |  |  |  |  |
| 10. NAME                          |                            |                    |     |   |  |  |  |  |  |
| 11. PERMANENT ADDRESS             |                            |                    |     |   |  |  |  |  |  |



| 12. MOBILE NUMBER |       |  |
|-------------------|-------|--|
| 13. SIGNATURE     | STAMP |  |