

VENDOR REGISTRATION APPLICATION										
THIS FORM MUST BE COMPLETED AND MAILED TO THE MAIL ADDRESS: procurement@igmh.gov.mv										
NOTE: THE FORMS WHICH ARE INCOMPLETE/ CONTAINS FALSE INFORMATION WILL BE REJECTED.										
Please fill the form in BLOCK LETTER										
GENERAL INFORMATION										
Public Limited Company			Sole Trader/	Local Investment			Cooperative			
Private Company			Partnership				Individual			
Name of the business/ instituition										
Trading name										
Name of the sole trader/ Individual										
Name of the Reporting instituition/ Parent Company										
(Where applicable)										
Nationa ID card No./ Passport No.										
Registration Number										
Country of incoporate										
Contact person										
Designation										
Mobile number										
Tax ID										
Date of Commencement of Business										
Date of Incoporation										
CONTACT DETAILS										
Telephone No.				Email address						
Fax No.				Website						
				1	1					
Registered Address	House/Building Name					Street Name				
	Flat No./ Floor					Post code				
	Island Atoll/ City									
	Country									
	House/Building				St	reet Name				
	Name									
Correspondence Address	Flat No./ Floor									
(if different from the above	Island Atoll/ City				Pc	ost code				
mentioned address)										





SUPPLY GROUP									
Please tick (√) the relevant box/boxes (please provide relevant information on your business)									
□Medical Equipment	🗆 Stationari	es	□Repair & Mainte	enance					
□Medical Consumables	Security S	Services	□Pharmaceuticals						
□Office Furniture	□ Medical G	as	□Housekeeping						
□Fuel & Lubricants	□ Hardware								
□Others (please specify):									
ACCOUNT DETAILS FOR FOREIGN TANSFER									
Prefrred Payment Method	Cheque	□ Account Transfer							
	Credit payment (specify period)								
	Bank Name		Branch						
	Address								
	Country		SWIFT Code						
			ABA/BSB/BLZ/ Sort Code						
DETAILS OF BENEFICIARY									
Account No./ IBAN No.									
Name									
Address	x								
National ID Card No./ Passport No.			Contact No.						
		DECLARATION							
I/ WE HEREBY AGREE THAT:									
 THE INFORMATION PROVIDED IN THIS FORM IS CORRECT ALL COPIES OF RELEVENT INFORMATION ANY CHANGES/ UPDATE TO THE INFORMATION PROVIDED IN THE REGISTRATION FORM, WILL BE SUBMITTED TO THE EMAIL ADDRESS PROVIDED / procurement@igmh.gov.mv 									
AUTHORISED SIGNATURE: DATE: DATE:									
DOCUMENTS TO BE SUBMITTED									
 Business registration certificate/ Business Permit Bank Details Bolic Authorized/ Authorized partnership/ Authorized reseller distributorship letters* 									

Procurement /IGMH | office +960335254 , +960335105, +960335349 email: procurement@igmh.gov.mv