



VENDOR REGISTRATION FORM

SECTION 1: COMPANY DETAILS & GENERAL INFORMATION

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Sole Trader/Local Investment | <input type="checkbox"/> Partnership | <input type="checkbox"/> Private Company |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Others (Please specify)
_____ |

- Name of Business/Institution: _____
- Trading Name (If different from Business Name): _____
- Name of Sole Trader/Individual: _____
- Name of Reporting Institution/Parent Company (Where Applicable): _____
- ID Card No: (For Sole Trader/Individual: _____ • Registration No: _____
- Tax Identification Number: _____
- Date of Commencement of Business: _____ • Country of Incorporation: _____

SECTION 2: CONTACT DETAILS

• Focal | Main contact person

- ↳ Name: _____
- ↳ Designation: _____
- ↳ Mobile No: _____
- ↳ Email Address: _____

• Administrative Contact

- ↳ Name: _____
- ↳ Designation: _____
- ↳ Mobile No: _____
- ↳ Email Address: _____

• Registered Address:

- ↳ House/Building Name: _____
- ↳ Flat No/Floor: _____
- ↳ Street Name: _____
- ↳ Island Atoll/City: _____
- ↳ Post Code: _____
- ↳ Country: _____

• Correspondence Address: (If different from registered address)

- ↳ House/Building Name: _____
- ↳ Flat No/Floor: _____
- ↳ Street Name: _____
- ↳ Island Atoll/City: _____
- ↳ Post Code: _____
- ↳ Country: _____

• Preferred Mailing Address: Registered Correspondence

SECTION 3: INDUSTRY GROUP

↳ Type of Business/Commodity Service | **Tick One**

- | | | |
|---|--|--|
| • Retailer <input type="checkbox"/> | • Construction Contractor <input type="checkbox"/> | • Service Provider <input type="checkbox"/> |
| • Manufacturer <input type="checkbox"/> | • Consultant <input type="checkbox"/> | • Publication/Broadcaster <input type="checkbox"/> |
| • Wholesaler <input type="checkbox"/> | • Professional Services <input type="checkbox"/> | • Distribution/Dealer <input type="checkbox"/> |
| • Other (Please specify) _____ | | |
| • Freight/Transportation <input type="checkbox"/> | | |

↳ Primary Business Group | Select one (01) from the list below

1- _____

↳ Secondary Business Group | Select any and all relevant groups

2- _____

- | | |
|---|--|
| • SG01-Accommodation | • SG17-Advertising |
| • SG02-Alarm Services & Equipment, fire rescue | • SG18-Catering |
| • SG03-Cleaning Services | • SG19-Communication Services |
| • SG04-Computer Equipment's/hardware/software | • SG20-Conference/Training Facilities |
| • SG05-Construction/Renovation & Maintenance | • SG21-Consulting |
| • SG06-Consumables | • SG22-Designing |
| • SG07-Entertainment | • SG23-Fuel & Lubricants |
| • SG08-Furniture | • SG24-Garments and Related Materials |
| • SG09-Hardware | • SG25-Insurance |
| • SG10-Marine Services/Equipment's | • SG26-Network Related Equipment's |
| • SG11-Pest Controls | • SG27-Photography/Videography/Audiography |
| • SG12-Printing | • SG28-Real Estate |
| • SG13-Rentals | • SG29-Repair & Maintenance of Equipment's |
| • SG14-Security Services | • SG30-Stationeries |
| • SG15-Transport (air/land/sea) & Related service | • SG31-Utility Services |
| • SG16-Valuation/Inspection | • SG32-Vehicles/Vessels |
| | • SG33-Other (Please specify) |

↳ _____

↳ Details on Services or Goods your company supplies

• List below up to a maximum of ten (10) of your core Goods/Services offered: (One line for each item)

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

SECTION 4: PAYMENT DETAILS

• Preferred Payment Method: Credit Cheque Account Transfer TT/LC

• Credit Limit (MVR): _____

 ↳ Credit Term: NET30 NET20 NET15 NET07 Other: _____

↳ Account Number: _____

↳ Bank: _____

↳ Country: _____

↳ SWIFT: _____

SECTION 5: EXPERIENCE

• Organization	• Value MVR	• Year	• Goods/Services Supplied
↳ _____	↳ _____	↳ _____	↳ _____
↳ _____	↳ _____	↳ _____	↳ _____
↳ _____	↳ _____	↳ _____	↳ _____
↳ _____	↳ _____	↳ _____	↳ _____
↳ _____	↳ _____	↳ _____	↳ _____
↳ _____	↳ _____	↳ _____	↳ _____
↳ _____	↳ _____	↳ _____	↳ _____

SECTION 6: OFFICIAL NOT TO BENEFIT

• By signing this VRF, potential vendors confirm that they have read, understood and will comply with the MFORMPC policy on the “Zero tolerance” that strictly prohibits the acceptance of any type of gift and or/hospitality by MFORMPC staff members participating in the procurement process. Please confirm.

• Yes • No

• Any breach of this clause may lead to the termination of all contracts your company may have with MFORMPC and removal from the approved vendor database.

SECTION 7: DECLARATION

I/we hereby agree that:

- All information provided in this form is correct
- All copies of relevant information are attached
- Payment will be effected after complete delivery of goods / services as per the Purchase Order/POC/WOC.
- Any changes / update to the information provided in the registration form, will be submitted to Maldives Fisheries and Ocean Resources Marketing and Promotion Corporation Limited along with the revised documents.

• Name: _____

• Designation: _____

• ID Card No: _____

• Contact No: _____

• Email: _____

Authorized Signature / Seal

Date

SECTION 8: LIST OF DOCUMENTS TO BE PROVIDED WITH THE FORM

SL#	Documents Required	Sole Trader/Local Investment	Partnership	Private Company	Public Limited Company	Cooperative
1	Completed Application Form	✓	✓	✓	✓	✓
2	National ID card copy of the owner/s	✓	✓	✓	✓	✓
3	Copy of Trade License (Where applicable)	✓	✓	✓	✓	✓
4	Copy of Certificate of Registration	✓	✓	✓	✓	✓
5	Copy of Import License	✓	✓	✓	✓	✓
6	Company Profile	✓	✓	✓	✓	✓
7	Copy of Financial Statements [Past 03 Years Audited] – As per MIRA Standard	✓	✓	✓	✓	✓
8	Copy of Goods & Service Tax Registration Certificate GST (Where applicable)	✓	✓	✓	✓	✓
9	Copy of Business Profit Tax Registration Certificate BPT	✓	✓	✓	✓	✓
10	List of Inventory [Tools & Equipment, Plant & Machineries, Vehicle & Vessels]	✓	✓	✓	✓	✓
11	Copy of SME Registration (Where applicable)		✓	✓	✓	✓
12	Copy of Memorandum of Association			✓	✓	✓
13	Copy of Articles of Association			✓	✓	✓
14	Copy of Partnership Agreement		✓			

ADDITIONAL INFORMATION

Additional Information for Completion

The form should be typewritten in uppercase and completed clearly and accurately ensuring that all questions are answered. The numbers below correspond to item numbers on the registration form:

Section 2:

- ↳ Focal contact person | Main contact person regarding request for quotation and delivery
- ↳ Administrative Contact person | For administrative purposes / Approvals / Payments

Section 3:

- ↳ Details on services or Goods your company supplies | Provide dealership/authorized distributor certificate where applicable.

Section 6:

- ↳ Supporting Documents to prove the past experience

Section 8:

- ↳ Authorized Signature | Signature of authorized personnel as per organizational structure.

Section 9:

- ↳ SL# 5 | To be annually submitted for updating database
- ↳ SL# 6 | To be annually submitted for updating database (Mandatory after any major change)
- ↳ SL# 7 | To be annually submitted for updating database
 - ↳ For Annual Turnover above MVR 10 million: Financial Statements must comply to MIRA standards
 - ↳ For Annual Turnover below MVR 10 million: Minimum
 - Statement of Profit or Loss and other comprehensive

income

- Notes to the financial statements
- Directors Report (only for companies)

- ↳ SL# 8 | To be annually submitted for updating database

- ↳ SL# 9 | If vendor is registered for Tax – Tax Registration certificate is mandatory