

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Pension Office

## VENDOR REGISTRATION FORM

VENDOR DETAILS	
<b>General Information</b>	
<b>Vendor Name</b>	
<b>Address</b>	
<b>Established Year</b>	
<b>Registration Number</b>	
<b>Contact Person Name &amp; Address</b>	
<b>Contact Number</b>	
<b>Email</b>	
<b>Type of Business (Tick Only)</b>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other (Please Specify)

<b>Nature of Business (Tick Only)</b>	<input type="checkbox"/> Plumbing <input type="checkbox"/> Electric Wiring <input type="checkbox"/> Wood Works <input type="checkbox"/> AC Service <input type="checkbox"/> General Maintenance
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### REQUIRED DOCUMENTS

- A Copy of Company registration & Company profile
- ID card copy of owner (Sole Proprietor)
- In case of a Company, Managing Director's ID card copy
- A copy of GST registration in Maldives Inland Revenue Authority (If Registered for GST)
- Any Related supporting documents

### TERMS AND CONDITIONS

I/We hereby declare that the information provided in this Vendor Registration Form is genuine and valid. Any changes which happen to information will be informed to the Maldives Pension Administration Office at the earliest.

**Name:**

**Position:**

**Date:**

**Signature:**

**Stamp:**