

**VENDOR REGISTRATION FORM**

**1. SUPPLIER INFORMATION**

General Information		Payment Information	
Company Type			
Supplier Name		Beneficiary Name	
		Bank Name	Account No.
Authorized Person / Title	Contact Person/Phone No.	Branch Name	
Country		International Bank Account Number (IBAM)	
Email		SWIFT/BANK Identifier code (BIC)	
Business Registration No.		Payment Method	<input type="checkbox"/> Credit
GST/BPT TIN			<input type="checkbox"/> Cheque / Bank Transfer
			<input type="checkbox"/> Others (LC/TT)
Address		Categories	
Registered Address		<input type="checkbox"/> Hardware <input type="checkbox"/> IT Equipment <input type="checkbox"/> Marine Equipment <input type="checkbox"/> Catering Service <input type="checkbox"/> Spare Parts <input type="checkbox"/> Security Service <input type="checkbox"/> Consultancy / Training <input type="checkbox"/> Fire and Safety <input type="checkbox"/> Printing <input type="checkbox"/> Others: Specify _____ <input type="checkbox"/> Office Supplies / Supplies / Stationery <input type="checkbox"/> Furniture and Fittings _____	
City, State:			
Country, Postal Code:			
Phone / Fax No:			

**2. DOCUMENT CHECKLIST**

Required Documents
<input type="checkbox"/> Business Registration Certificate
<input type="checkbox"/> Shareholder/Partner Details (Company Profile)
<input type="checkbox"/> Business Permit
<input type="checkbox"/> Business Portfolio (If there is no official website) (Optional)
<input type="checkbox"/> Tax Registration Certificate
<input type="checkbox"/> Copy of the Nation ID card / Passport (Compulsory for Individuals)
<input type="checkbox"/> Authorized Distribution letter (If any)

Please ensure that all required documents are attached with the form and emailed to [info@stateshipping.mv](mailto:info@stateshipping.mv)  
 For local individual copy of the national ID card shall be attached with form

**3. CERTIFICATION:**

I, hereby accept Maldives State Shipping Company’s Terms and Conditions, a copy of which has been provided to me, and warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

**3.1. DECLARATION:**

I/We, declare that: .....

(a) Our company is not involved in any fraudulent or corrupt activities and has not been in the past and is not currently under any investigation for any such activities which would render our company unsuitable for business dealing with any Maldivian Company.

(b) Our company will abide all Maldivian Laws, Rules and Regulations of Ministry of Economic Development, Maldives Customs Service, Maldives Ports Limited, Maldives Food and Drug Authority and Maldives Inland Revenue Authority.

(c) We have no conflict of interest in any activity of Maldives State Shipping Company Pvt Ltd.

(d) We confirm that we have not declared bankruptcy, and we are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair the operations of our business in the near future.

SUPPLIER	FOR MSS	
<b>The undersigned hereby stated that the information provided herein is true, valid, and correct on the date of submission</b>	Checked by	Approved by
Name: Designation: Date: Signature: Stamp:	Name: Designation: Date: Signature:	Name: Designation: Date: Signature: