

Complete all sections and send with applicable support documents to the address below;  
*procurement@taza.com.mv*

**COMPANY DETAILS AND GENERAL INFORMATION**

NAME OF ENTITY:  
BUSINESS REGISTRATION NO: BUSINESS REGISTRATION DATE:  
TIN NUMBER: NO. OF EMPLOYEES:  
BUSINESS ADDRESS:  
TELEPHONE: EMAIL:  
CONTACT PERSON  
NAME: PHONE:  
DESIGNATION: MOBILE:  
EMAIL:

**BUSINESS ENTITY STATUS**

Company ☐ Government Agency ☐  
Partnership ☐ Sole Proprietorship ☐

**TYPE OF BUSINESS**

Manufacturer ☐ Distributor ☐ Wholesaler ☐ Retailer ☐  
Contractor ☐ Service Provider ☐ Others (Specify)

**CATEGORIES**

Hardware: <input type="checkbox"/>	IT Equipments <input type="checkbox"/>	Cleaning & Pest Control <input type="checkbox"/>
Pickup / Forklift Spares <input type="checkbox"/>	Freight Forwarding <input type="checkbox"/>	Health & Insurance <input type="checkbox"/>
Printing Services <input type="checkbox"/>	Customs Clearance <input type="checkbox"/>	Consumables <input type="checkbox"/>
Office Supplies / Stationary <input type="checkbox"/>	Renovation/Construction <input type="checkbox"/>	Household Items <input type="checkbox"/>
Furniture & Fittings <input type="checkbox"/>	Transportation Rental <input type="checkbox"/>	Others (Specify) <input type="text"/>

**BANK DETAILS**

Beneficiary Name:  
Account No:  
Bank Name:  
Branch Name:  
SWIFT/BANK Identifier code (BIC):  
International Bank Account Number (IBAN):

**PAYMENT INFORMATION**

Credit: ☐  
Cheque / Bank Transfer: ☐  
Others (LC/TT): ☐

**DECLARATION**

I/We here by declare that;

1. Any changes/update to the information provided in the registration form, will be submitted to Island Beverages Maldives along with the revised documents
  2. All and any conflict(s) of interests<sup>1</sup> to any IBM employee and/or IBM Board of Directors will be disclosed.
  3. Any Related Parties<sup>2</sup> will be disclosed and any changes to Related Party updated immediately
- The disclosure must be made as per below table (leave blank if none exists)

Employee / Director Name	NID No	Designation	Relation / Conflict

**I/we hereby agree that:**

- a) The information provided in this form are true and correct to the best of my/our knowledge.
- b) I/We here by fully give consent to IBM to verify the information provided in this form through any relevant authority.
- c) We will update any change in information and communicate such changes to IBM immediately.
- d) 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.
- e) 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.

Name:

Signature:

Designation:

Date:

Stamp:

**DOCUMENT CHECKLIST**

Business Registration Certificate:

☐

Share Holder / Partner Details (Company Profile Sheet):

☐

TAX Registration Certifications (ICT & GST):

☐

Copy of National ID Card / Passport (Compulsory for Individuals):

☐

Authorized Distribution Letter (If any):

☐

**FOR IBM USE ONLY:**

Checked By:	Verified By:	Approved By:
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:
Signature:	Signature:	Signature:

**CONFIRMATION OF REGISTRATION**

Those applicants who are recognised as competent vendors will be registered as vendors

Confirmation of registration of vendors will be advised by email