

**Maldivian Gas Private Limited**

Head Office, H. Maizan, Sosun Magu

Tel: 333 5614, Fax: 333 5615 (Email: info@maldiviangas.com)

Male' Distribution Unit: **Hotline: 332 5473, 332 8118, 332 8338**, Fax: 331 4797Hulhumale' Distribution Unit: **Hotline: 335 6565**, Fax: 335 6789

Thilafushi Plant: Tel: 793 5614, Fax: 664 0115

MGPL / APL01

1.Full Name (Business):	9. NIC/REG Number:
2.Current Address:	10.Phone:
3.Permanent Address:	11.Fax:
4.Contact Person:	12.E-mail:
5.Date of Business Commencement:	13.Business Location:
6.Capital:	14.Type of Business:
7.Cylinders with applicant (if any):	15.Monthly Income:
8.Cylinder Requirement:	16.Power of Attorney (if any):

I, (customer) agree to respect and fully abide by the terms and conditions of the credit policy to sell and distribute LPG and related goods, laid down by Maldivian Gas Pvt Ltd. To handle cylinders with utmost care and to settle outstanding bills on time and with due honesty.

Note: On submission of this application form, Maldivian Gas Pvt Ltd will further clarify the information about the customer/agent.

This form will be issued to, and must be submitted by customers applying to become agents or credit customers of Maldivian Gas Pvt Ltd. Approval by the management will be based of capacity of the applicant to provide such a service to the customers. Goods will be sold on credit under an agreement signed by both parties.

**Applicant**

Signature:

Name:

Position:

Date:

**Form Checked By**

Signature:

Name:

Position:

**Approved By:**

Signature:

Name:

Position:

**For Office Use Only:**

Population:

Agreement Number:

Credit Limit: