



APPLICATION FOR CREDIT FACILITY

MGPL/APL01

COMPANY DETAILS	
Business Name:	
Company Name:	
Registered Address:	
Business Address:	
Business Registration Number:	
Date of Registration:	
Date of Business Commencement:	
Tax Number (GST / VAT):	
Male' Office Address (If any):	
BILLING ADDRESS	
Company Name:	Telephone:
Address:	Fax:
CONTACT DETAILS FOR BUSINESS	
Contact Person Name:	
Telephone Number:	
Mobile Number:	Additional Contact Number:
Fax Number:	
E-Mail Address:	
CONTACT DETAILS OF ACCOUNTS / FINANCE	
Contact Person Name:	
Telephone Number:	
Mobile Number:	Additional Contact Number:
Fax Number:	
E-Mail Address:	
CREDIT REQUIREMENT	
No. of Cylinders with applicant (Existing):	Credit Limit Requirement (Amount):
Cylinder Requirement (Initial):	Credit Period Requirement (Days):
REQUIRED DOCUMENTS	
<ol style="list-style-type: none"> 1. Copy of Company Registration. 2. Copy of Business Permit. 3. Copy of GST Certificate. 4. Copy of Passport or Nationed Identity Card of the Person in charge of Finance. 	

*Please note that this application form will be accepted with all required documents



APPLICANT	
Name:	Mobile Number:
Company Stamp:	Date:

Note: This form will be issued to and must be submitted by customers applying to become credit customers of Maldivian Gas Pvt Ltd. Approval by the management will be based on 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.

APPROVED BY (OFFICE USE ONLY)	
Staff Name:	Customer Code:
Staff Code:	Approved Credit Limit:
Signature:	Approved Credit Period:
Company Stamp:	Date:

*Please print to both sides