

LOCAL VENDOR REGISTRATION FORM

Local Vendor Registration Form

Vendor Code

For Office use only

Business Type (Tick where appropriate)	☐ Private Limited Company	☐ Public Limited Company
	☐ Partnership	☐ Others (specify)

SUPPLIER PROFILE

Business Name:	Registration No:
Registered Address:	TIN/GST No:

Operating Address

House name / Building name:		Phone No 1:
Level:	Apartment Number:	Phone No 2:
Street:		Post Code:
Island/District:		Date of Incorporation:
Website:	Email:	

Number of Employees ☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ 100+
(Tick where appropriate)

CONTACT INFORMATION

Full Name:	Phone No 1:
Designation:	Phone No 2:
Email:	Mobile Number:

BUSINESS REPRESENTATION

(Tick where appropriate in accordance with the economic trade profile)

☐ Manufacture
 ☐ Distributer
 ☐ Wholesaler
☐ Authorized dealer
 ☐ Retailer
 ☐ Others

Main products	Description	Brand

SUPPLY GROUP <i>(Tick where appropriate)</i>		
☐ LPG & Industrial Gas	☐ Hardware & Sanitary Ware	☐ Sales & Marketing
☐ Medical Gas	☐ Computer hardware & software	☐ Cleaning Service
☐ Gas accessories	☐ Transport service	☐ Designing & Printing
☐ Marine Engineering	☐ Civil/Structural Engineering	☐ Consumables
☐ Consulting / Training	☐ Communication Service	☐ Network & IT Related
☐ Repair & Maintenance	☐ Books & Stationary	☐ Homeware/furniture
☐ Spare Parts	☐ Architecture & project management	☐ Electrical & Electronics
☐ Others (Please specify):		

BENEFICIARY BANK DETAILS	
Account Number:	Bank Name:
Account Name:	

SHAREHOLDER'S INFORMATION				
Full Name & Address	Mobile No.	ID Card No.	Designation	Signature

LIST OF CLIENTS	
1	
2	
3	
4	
5	
6	
7	

Declaration of Interest	
The supplier must disclose whether any of its owners, shareholders, directors, partners, or key personnel have a direct family relationship with any employee of Maldivian Gas Pvt Ltd. For the purpose of this declaration, direct family members include parents, siblings, spouse, and children.	
Full Name:	Relation:
Section/Worksite:	Designation:
Full Name:	Relation:
Section/Worksite:	Designation:

DECLARATION

Any changes / update to the information provided in the registration form, will be submitted to Maldive Gas Private Limited along the revised documents.

I/we hereby agree that:

- A) The information provided in this form are true & correct to the best of my / our knowledge.
B) I/we have no objection to Maldive Gas verifying the information provided in this form via the relevant government authority

Name:

Signature & Stamp:

Designation:

Date:

**FOR MALDIVE GAS
USE ONLY**

*To be completed by MGPL Procurement Dept

	Staff ID	Date	Signature
Form & Supporting documents received			
Information verified			
Entered to vendor database			

*To be completed by MGPL HR & CAD Dept

	Staff ID	Date	Signature
Related Party / Conflict of interest checked by			
Conflict of interest identified:	☐ Yes ☐ No		

☐ Approved

☐ Rejected

Approved by
Procurement Manager

Approved Date:

DOCUMENTS TO BE SUBMITTED	Company	Partnership	Sole Proprietor	Govt. Companies/SOE
Business Registration	✓	X	✓	✓
National ID card	X	X	✓	X
Articles of association	✓	X	X	X
GST registration certificate (if applicable)	✓	✓	✓	X
Manufacturing service provider or dealership letter (if applicable)	✓	✓	X	X
Company business profile (if website is not available)	✓	✓	X	X
Partnership Agreement	X	✓	X	X

* All fields in this Vendor Registration Form must be completed in full. No fields should be left blank or incomplete.