



Maldives Sports Corporation Ltd
Male', Maldives

VENDOR REGISTRATION FORM

SUPPLIER'S INFORMATION

Sole Proprietorship Corporation Partnership Other* *(Please specify)*

Name of the business:

Registration No:

Date of incorporation:

Nature of business:

Registered address:

Phone/ Fax number:

Email address:

Web site:

REQUIRED SERVICES

SERVICES

- Building Contractors
- Civil Contractors
- Masonry & Plaster Works
- Tiling Work
- Glazing & Cladding
- Painting
- Steel & Aluminum Work
- Woodwork & Interior Finishing
- Excavation & Demolition
- Concrete Renovation & Corrosion Protection
- Air Conditioning & Ventilation
- Automation Control, Communication & Security Systems
- Anti-Fire Measures (Extinguishers)
- Vertical & Horizontal Transport Measure
- Phone & Communication Services
- Mechanical Work
- Plumbing & Sanitary Works
- Building Maintenance
- Signs & Kraft
- Pest Control Services
- Sports equipment material and related services

HARDWARE

- Construction Materials & Tools
- Construction Chemicals

- Heavy Machinery & Heavy-Duty Electronics
- Electrical Items
- Finishing Materials
- Plant & Machinery
- Toilet ware

OFFICE EQUIPMENT, FURNITURES & CONSUMABLES

- Office Furniture's
- Office Equipment (Computers, Printers)
- Cleaning Items
- Stationary

PROFESSIONAL SERVICES

- Architecture
- Building Construction
- Building Design
- Project Management
- Consultancy Services
- Logistic Operation
- Cleaning Appliances
- Custom Clearance
- Branding, Designing

REQUIRED DOCUMENTS

- A Copy of Company registration & Company profile
- ID card copies of owners & directors
- In case of a corporation, board of directors' ID card copy
- A copy of GST registration in Maldives Inland Revenue Authority
- Any Related supporting documents

TERMS AND CONDITIONS

I/We hereby declare that the information provided in with this application is authentic and accurate. Any changes which happen to information will be informed to Sports Corporation at the earliest.

NAME:

POSITION:

DATE:

SIGNATURE:

STAMP:

PERSON TO BE CONTACTED IN CASE OF ANY WORK /INFROMATION NEEDED

NAME:

POSITION:

DATE:

SIGNATURE:

STAMP:

Office use

Received by:	
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