

VENDOR REGISTRATION FORM

Please fill this form for each business activity under same company

COMPANY DETAILS AND GENERAL INFORMATION

NAME OF THE VENDOR / COMPANY			
COMPANY REGISTRATION NUMBER		BUSINESS REGISTRATION DATE	
GST / TIN NUMBER		NO. OF FULL TIME EMPLOYEES	
BUSINESS ADDRESS			
TELEPHONE		FAX	
		EMAIL	

CONTACT PERSON

NAME			
DESIGNATION		PHONE	
EMAIL		MOBILE	

BUSINESS ENTITY STATUS

Company
 Partnership
 Sole Proprietorship
 Government Agency
 Local Investment

TYPE OF BUSINESS

Manufacturer
 Distributor
 Wholesaler
 Retailer
 Service Provider

Contractor
 Other (Specify)

PROPOSED PAYMENT TERM

Online Transfer PO

BANK ACCOUNT NUMBER	
BANK ACCOUNT NAME	
BANK	
CURRENCY	

LIST OF PRODUCT LINES / SERVICES OFFERED

DOCUMENTS TO BE SUBMITTED

<input type="checkbox"/> Business Registration Certificate	<input type="checkbox"/> Business Permit
<input type="checkbox"/> Business Profile	<input type="checkbox"/> Relevant TAX registration certificate
<input type="checkbox"/> Manufacturing / Distributorship appointment letters*	

* Brand holders / Distributors are required to submit distributorship letters.

CONFIRMATION OF REGISTRATION:

Odozo Private Limited reserves the right to approve or reject the vendor registration form based on verification and requirements.

I, _____ in the capacity of _____ of this entity, hereby attest that the information provided here in is complete and correct, and am fully aware that Odozo Private Limited has the absolute right to question and/or reject this application at their discretion.

Signature:

Company Stamp:

ID Card No.:

Date:

HOW TO APPLY:

Complete all sections and return with applicable support documents to the address below;

Procurement Department
Odozo Group
M. Amazon, Fareedhee
Goalhi, K.Male' Maldives
Republic of Maldives