



VENDOR REGISTRATION FORM

Complete all sections of this form!

FOR OFFICE USE ONLY

GENERAL INFORMATION

- ☐ Sole Proprietorship
 ☐ Partnership
 ☐ Private Limited Company
- ☐ Public Limited Company
 ☐ Corporate Entity
 ☐ Government-Owned Entity
- ☐ Other (please specify) _____

Name of Business / Individual			
ID Card No./ Registration No.		Contact No	
Registered Address/ Office Address	Building/Street:		
	City		
	State/Province:		
	Postal Code:		
	Country:		
Email Address			
Website			

CONTACT INFORMATION

Primary Contact Name:	
Job Title:	
Phone Number:	
Email Address:	

MIFCO Head Office, Male'

T. +(960) 332 3932 F. +(960) 332 3955
E. info@mifco.mv W. mifco.mv

Felivaru Fisheries Complex
T. +(960) 302 3399

Kooddoo Fisheries Complex
T. +(960) 302 3344

Kandu Oiy Giri Fish Village
T. +(960) 302 3366

Addu Fisheries Complex
T. +(960) 302 3388



TYPE OF BUSINESS

- ☐ Manufacturer
 ☐ Distributor
 ☐ Wholesaler
 ☐ Retailer
 ☐ Service Provider
 ☐ Other (please specify) _____

PRODUCTS/SERVICES CATEGORIES

Please select all that apply and provide details where necessary.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accommodation/Venue Hiring | <input type="checkbox"/> Advertising/Creative Arts/Designing | <input type="checkbox"/> Catering/Refreshments |
| <input type="checkbox"/> Cleaning/Pest Control Services | <input type="checkbox"/> Communication Services | <input type="checkbox"/> Computer Equipment / Hardware/ Software /Repair and Maintenance |
| <input type="checkbox"/> Construction/Renovation | <input type="checkbox"/> Consumables/Food Items | <input type="checkbox"/> Chemicals/Additives |
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Freight Forwarding/Logistics | <input type="checkbox"/> Fuel & Lubricants |
| <input type="checkbox"/> Furniture and Equipment | <input type="checkbox"/> Fishing Related | <input type="checkbox"/> Household Items/Cleaning Items |
| <input type="checkbox"/> Industrial Plant / Machinery/ Equipment | <input type="checkbox"/> Mechanical/Electrical/Energy | <input type="checkbox"/> Packaging Materials |
| <input type="checkbox"/> Printing/Signage/Fabrication | <input type="checkbox"/> Plants & Fertilizers | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Refrigeration/HVAC/Industrial Equipment | <input type="checkbox"/> Sports-Related Items | <input type="checkbox"/> Stationery |
| <input type="checkbox"/> Transport/Logistics | <input type="checkbox"/> Tools & Hardware Items | <input type="checkbox"/> Textiles and Apparels |

☐ Vehicle/Vessels/Spare Parts/Repair and Maintenance

Please specify the type/brand:

☐ Raw Materials

Please specify the type/brand:

☐ Others

Please specify:

BANKING & FINANCIAL INFORMATION

Bank Name	
Bank Address	
Bank Account Number	
SWIFT Code/IBAN	
Preferred Payment Terms	
Proposed Credit Limit	

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DOCUMENTS TO BE SUBMITTED

	Company	Partnership	Sole Proprietorship	Government Agency	Individual
Business Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
Endorsed Shareholder / Partner Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>
Business Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
Business Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Relevant TAX registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
Refrees / Reference Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing / Distributorship appointment letters*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO Certificate or Quality Assurance Manual / Quality Policy of the Company Firm*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check boxes are for mandatory documents in the above table

* Brand holders/ Distributors are required to submit distributorship letters

*Valid ISO Certificate or Quality Assurance Manual / Quality Policy/ International Standards or quality assurance certificates of the Company Firm if applicable.

DECLARATION

We hereby attest that the information provided herein is complete and correct.

We acknowledge and accept that:

1. MIFCO has the absolute right to question and/or reject this application at its discretion.
2. Registration with MIFCO, if accepted, does not guarantee any tender invitation, contractual award, or order for product or service.
3. Incomplete applications and/or missing information will not be processed.

All queries regarding registration should be directed to the **Procurement Department, MIFCO Headquarters.**

Name:

Designation:

Company Stamp:

Signature:

Date:

GENERAL INSTRUCTION

Vendors seeking registration with MIFCO must first complete the pre-registration process with the Procurement Department. This process is mandatory and replaces all previous registrations. Once registered, the validity period is three (3) years, after which vendors must renew their registration at least three months before expiry to maintain their status. **All new and existing vendors are required to complete this registration form and submit it along with the necessary supporting documents.**

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Approved By:	
Name	
Date	
Signature	

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