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| *Application For The Purchase of Biddding Documents* | | | | | | | | | | | | |
| 1 | INDIVIDUAL | | |  | | | | | | | | |
|  | 1. FULL NAME OF THE APPLICANT  Dr / Mr / Ms / Mrs | | | | | | | | IDENTITY CARD NUMBER | | | |
| PERMANENT ADDRESS (including road name) | | | | | | CORRESPONDENCE ADDRESS (including road name) | | | | | |
| CONTACT DETAILSTel: | | | Mobile: | | | | | | | SIGNATURE | |
| E-mail: | | | | | | | | | |
| 2 | COMPANY | | |  | | | | | | | | |
|  | COMPANY NAME | | | | | | | COMPANY REG. NUMBER | | | | |
| REGISTERED ADDRESS (including road name) | | | | | | | CORRESPONDENCE ADDRESS (if different from c) | | | | |
| 1. **PERSON REQUESTING ON COMPANY’S BEHALF**  Name: | | | | | | | Designation: | | | | |
| CONTACT DETAILSTel: | | | | Fax: | | | | | | | Mobile: |
| E-mail: | | | | | | | | | | | |
| COMPANY STAMP | | | | | | | | | | SIGNATURE | |
| 3 | CONTACT PERSON | | |  | | | | | | | | |
|  | FULL NAME Dr / Mr / Ms / Mrs | | | | | | | | | | IDENTITY CARD NUMBER: | |
| CONTACT DETAILSTel: | Fax: | | | | | | | | | SIGNATURE | |
| Mobile: | e-mail | | | | | | | | |
| 4 | RECEIVED BY | | |  | | | | | | | | |
|  | FULL NAME Dr / Mr / Ms / Mrs | | | | | | | | | | SIGNATURE | |
| IDENTITY CARD NUMBER: | | | | | | | | | |
| 5 | NOTES | | |  | | | | | | | | |
|  | Please bring the national identity card/Passport when submitting this form for purchase of the bid document.  2 - The price of the bidding documents is MRF 2000/-  3 - Payment shall be made by cash or personal/company cheques.  4.1 - In case of individuals, only personal cheques of applicants will be accepted.  4.2- In case of companies, only applicant company’s cheques will be accepted.  5 - This application form shall be accompanied by a power of attorney. Power of Attorney can be submitted in any format. (This shall not beapplicable to individual bidders signing their application forms and their own bids.) 6 - Please attach a copy of Company registration certificate. | | | | | | | | | | | |
| 6 | FOR OFFICE USE ONLY | | |  | | | | | | | | |
|  | NATIONALITY | | Maldivian Foreign | | | | | | | | AMOUNT PAID (MRF 2000/-) | |
| RECEIPT No. | | | | | Document Serial No. | | | | | | |
| DATE ISSUED | | | | | | | | | SIGNATURE | | |
| ISSUED BY Name | | | | | | | | |