

# **VENDOR REGISTRATION FORM**

Please complete all sections of this form in CAPITAL LETTERS and submit the following supporting documents.

- Copy of registration and ID card/s
- Board Resolution (for company/ies giving authority to register as a vendor in MHCL)
- Business Profile

# 1. INFORMATION

Name of Business / Institution	
Trading Name (if different)	
Name of Parent/ related company	
(where applicable)	
Registration Number / ID Card Number	
Tax Identification Number	
Business Type (Tick as applicable)	
	□ Public
	☐ Private
	☐ Partnership
	☐ Sole Trader
	☐ Cooperative
	□NGO
	☐ Other (specify)
Focal Point	
	Name:
	Designation:
Contact number/s	
Email Address	
(This email will be used for communications)	
,	
Account Details	MA/D
(This account will be used for payments)	MVR
	LICE
	USD



### 2. CONFLICT OF INTEREST AND DISCLOSURE

### i. Family/ Close Relations

Where the vendor, its owners, directors, or key officers are related to an MHCL Employee or Board Director by marriage, blood, or kinship up to the second degree (e.g., spouse, parent, grandparent, child, sibling, uncle, aunt, step relative, or dependent).

# ii. Employee/ Director Businesses

Where an MHCL Employee or Board Director (either directly or through family members) owns, partly owns, manages, or otherwise has a controlling interest in the vendor's business.

### iii. Financial/ Business Interests

Where an MHCL Employee or Board Director (or their close relative) is a director, shareholder, officer, employee, or legal representative in the vendor's company or in a company that has common ownership, partnership, or management links with the vendor.

#### iv. Indirect Connections

Where the vendor is owned or managed by persons who are also business partners, co-shareholders, or close associates of an MHCL Employee, Board Director, or their relatives, even if the MHCL staff or their family member is not directly part of the vendor.

#### v. <u>Direct Competition</u>

Where the vendor is in direct competition with MHCL while any MHCL Employee or Board Director holds a key management role or financial interest in the vendor's business.

### 3. DECLARATION

I/ We hereby declare that:

- i. Any changes/ update to the information provided in this form will be updated to MHCL.
- ii. All and any conflicts of interest to any MHCL employee and/or MHCL Board of Directors will be disclosed.
- iii. Any related parties will be disclosed.

I/we hereby disclose all Conflict of Interest/s or Related Person/s relationship below:

MHCL Employee/Director Name	NID No.	Designation / Department	Relation / Conflict



I/We hereby declare that the information provided in this form is true, complete, and correct to the best of my/our knowledge and belief. I/We confirm that Clause 2: Conflict of Interest and Disclosure has been read, understood, and acknowledged.

I/We undertake to immediately inform Maldives Hajj Corporation Limited (MHCL) of any changes to the information provided in this form, including any future conflicts of interest or related party relationships.

I/We understand and agree that MHCL reserves the right to verify the information provided and to approve or reject this application at its sole discretion.

Vendor registration form signed by (as per board resolution):

9 71	, ,
Full Name:	
Designation:	
Authorized Signature & Seal	
Date:	

(please sign and stamp on all pages)

# For MHCL Use Only

	Name	Department	Signature	Date
Form and supporting documents received by				
Information verified by				
Due Diligence checked by				
Vendor Registration form approved/rejected by				