



State Trading Organization plc
 Kanba Aisa Rani Hingun, Maafannu, Malé 20345
 Republic of Maldives

FOR OFFICE USE ONLY	
SERIALNO.	
DATE:	

LOCAL VENDOR REGISTRATION REQUEST

HOW TO APPLY:

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

vendorregistration@sto.mv

COMPANY DETAILS AND GENERAL INFORMATION

NAME OF ENTITY			
COMPANY REGISTRATION NUMBER		BUSINESS REGISTRATION DATE	
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
 Others (Specify)

PROPOSED PAYMENT TERM

Credit

Other (Specify)

PLEASE FILL THIS PART IF A SHAREHOLDER HAS A FAMILY RELATIONSHIP WITH ANY STAFF OF STATE TRADING ORGANIZATION PLC

STAFF NAME	NID

LIST OF PRODUCT LINES/ SERVICES OFFERED

BUSINESS ENTITY STATUS

DOCUMENTS TO BE SUBMITTED	BUSINESS ENTITY STATUS				
	COMPANY	PARTNERSHIP	SOLE PROPRIETORSHIP	GOVERNMENT AGENCY	INDIVIDUAL
Memorandum and Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>	/	/	/
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"/>	/	/
Bank Details (Endorsed by Shareholders)	<input type="checkbox"/>	<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"/>	/
Manufacturing / Distributorship appointment letters*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MFDA Approved permit*	<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

* If the product line/ Services require MFDA Approval need to submit MFDA Approved Permit



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CONFIRMATION OF REGISTRATION:

Those applicants who are recognised as competent vendors will be registered as vendors.
 Confirmation of registration of vendors will be advised in writing by STO.
 Once registered, the relevant SBU will liaise with the ordering requirements.

* State Trading Organization PLC reserves the right to approve or reject the vendor registration form based on verification and requirements.

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

Signature

Company Stamp

ID Card No.

Date

FOR OFFICE USE ONLY

Department	Corporate and Legal Affairs		ENTRY	
Comments			DATE	
			TIME	
			RECEIVED BY	
HOD Name	Sign	Date		

Department	Finance		ENTRY	
Comments			DATE	
			TIME	
			RECEIVED BY	
HOD Name	Sign	Date		

Department	Human Resources		ENTRY	
Comments			DATE	
			TIME	
			RECEIVED BY	
HOD Name	Sign	Date		

Department	Supermart/ Home Improvement/ Service Center/ Medicals/ Construction Materials		ENTRY	
Comments			DATE	
			TIME	
			RECEIVED BY	
HOD Name	Sign	Date		

Department	Procurement		ENTRY	
Comments			DATE	
			TIME	
			RECEIVED BY	
HOD Name	Sign	Date		

Received by ICT Department				
Name		Sign		Date