Ma. Favourite | Chaandhanee Magu | Male 20194 | Maldives
Tel: 331 6116, 331 5115 | Fax: 332 3383 , 331 2068 | E-mail : sales@euromarketingmaldives.com

CUSTOMER REGISTRATION FORM

CUSTOMER INFORMATION

Outlet Name : _____ Atoll : _____

Company Name : _____ Island : _____

Building Name : _____ GST No : _____

Street : _____ Mobile : _____

E- Mail Address : _____ Tel No : _____

Fax No : _____

Method of Payment : ☐ Transfer ☐ Cheque ☐ Cash

ACCOUNTING & PURCHASING INFORMATION

Procurement Contact : _____ Contact No : _____

E- Mail Address : _____ Designation : _____

Finance Contact : _____ Contact No : _____

E- Mail Address : _____ Designation : _____

BUSINESS ACTIVITY

Main Business Activity : _____

Is the Outlet fitted with an AC : ☐ Yes ☐ No

OWNER / MANAGING DIRECTOR INFORMATION

Full Name : _____

Permanent Address : _____

Street : _____ Atoll & Island : _____

Corresponding address : _____
(if different from above)

Street : _____ Atoll & Island : _____

ID / PP / REG No : _____ Nationality : _____

Tel : _____ Mobile : _____ Fax: : _____

I / We hereby declare that all the information provided in this form is correct and that I am / we are authorized to sign on behalf of the company / outlet.

Authorized Signatory : _____ **Official Stamp**

Signature : _____ **Date** : _____

Please attach the following documents along with the registration form:

1. Owner ID Copy (Both side must be clearly visible)
2. Business Registration Copy
3. GST Registration Copy
4. Trade Permit Copy

Forms will be processed within 1 working day.
Euro Marketing reserves the right to reject forms with incomplete or false information