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

RESORT CUSTOMER REGISTRATION FORM

CUSTOMER INFORMATION

Resort Name : _____ GST No : _____

Company Name : _____ Mobile : _____

Island : _____ Tel No : _____

Atoll : _____

Method of Payment : ☐ Transfer ☐ Cheque

ACCOUNTING PAYABLE INFORMATION

Accounts Contact : _____ Contact No : _____

E- Mail Address : _____ Designation : _____

PURCHASING DEPARTMENT INFORMATION

Purchasing Contact : _____ Contact No : _____

E- Mail Address : _____ Designation : _____

FINANCIAL CONTROLLER INFORMATION

Name : _____ Contact No : _____

E- Mail Address : _____ Signature : _____

GENERAL MANAGER DECLARATION

Hereby declare that all the information provided in this form is correct.

Name : _____ **Contact No** : _____

E- Mail Address : _____ **Official Stamp**

Signature : _____ **Date** : _____

Please attach the following documents along with the registration form:

1. Business Registration Copy
2. GST Registration Copy
3. Trade Permit Copy

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