



Allied Insurance Company

VENDOR REGISTRATION FORM

Type of Business

Public Listed Company	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
Private Company	<input type="checkbox"/>	Local Investment / Cooperative	<input type="checkbox"/>
Individual	<input type="checkbox"/>	NGO / NPO / Charity Club / Association	<input type="checkbox"/>

Details

Individual / Business Name: _____

Trading Name:
(if different from above) _____

Parent Company
(where applicable) _____

Address: _____

Contact Person: _____ Phone No: _____ Fax No: _____

Email: _____ ID Card No. / Registration No. _____

It is mandatory to declare;

All conflict(s) of interests to any Allied employee / Allied Board of Directors.

The disclosure must be made as per below table *(leave blank if none exists)*

Employee/ Director Name	NID No	Designation & Branch	Relation

Documents required with the Application:

Copy of company registration	Company profile information sheet provided by ministry of economic development
Supply / work completion letters or certificates	

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), Orchid, Ameeru Ahmed Magu, Male', 20095, Maldives

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I, _____ (name of the authorized signatory of the vendor) _____, ID number _____

being the authorized representative of _____ (vendor name) _____, hereby declare that;

- **The vendor and its directors (if any), officers and employees are in compliance with all applicable laws, statutes, and regulations relating to business operation, anti-bribery and corruption matters.**
- **As a vendor, to declare all conflict(s) of interests to any Allied Insurance Board Director(s), employee(s), and to avoid situation where Vendor's interests conflict with the business interests of Allied Insurance.**
- **Any changes to the information provided in the registration process will be submitted to Allied Insurance along with all relevant supporting documents.**

I / we hereby agree that the information provided in this form are true and correct to the best of my/our knowledge and understand that if any information provided through this form is found to be false, Allied Insurance has the right to cancel this form without any penalty what so ever. I/we agree that I/we have no objection to Allied Insurance verifying the information provided in this form via the relevant government authorities and any other reliable sources.

Signature: _____

Date: _____

Type of Supply / Service (Repair, maintenance and other services)

Masonry works related to repair & maintenance

Electrical Wiring

Stationaries

AC Maintenance & services

Carpentry Works

Supermart items

Computer Network

Painting Works

Catering

Office Interior Works

Other

(Please specify) _____

Type of Supply / Service (IT equipments and software)

Computers and Computer Accessories

Software Licenses

Networking Equipment

Electronics (TVs, speakers, Digital Cameras etc)

Mobile Devices / Tablets and Accessories

Server Equipment

Door Access / Surveillance Systems

Repair of Equipment

Printers

Other

(Please specify) _____

Type of Supply / Service (Photography, Videography, Printing and other services)

Digital print media
(Canvas, Wall sticker, Sun board etc.)

Hire of videography / photography equipments

Hire of designers

Printing
(Brochures / leaflets / posters / flyers / calendars etc.)

Event Management

Photography / Videography

Supply of customized items
(Plaques / awards / medals etc.)

Sound & Lights

Supply of marketing materials
(such as key tags, pens etc)

Other

(Please specify) _____

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