

VENDOR REGISTRATION FORM

Please fill all sections of this form in CAPITAL LETTERS

For IAS use only

Application no:

GENERAL INFORMATION

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

*Please enclose a copy of the registration certificate and GST Registration certificate and ID card for individuals with this form

*Please include business profile and product list with this form

Name of Business/Institution:

Trading Name (if different):

Name of Sole Trader/Individual:

Name of Parent Company (if applicable):

Mobile Phone:

Work Phone:

Business Registration no:

GST no:

ID Card no:

E-mail address:

PRODUCTS/SERVICES CATEGORIES

- | | | |
|---|---|---|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Advertising | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Alarms/Safety | <input type="checkbox"/> Catering | <input type="checkbox"/> Communication Services |
| <input type="checkbox"/> Cleaning Services | <input type="checkbox"/> Printing | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Repair and maintenance | <input type="checkbox"/> Consumables |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Stationaries | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Inflight items | <input type="checkbox"/> Signboard Fabrication |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Garments/Materials | <input type="checkbox"/> Hardware Items |
| <input type="checkbox"/> Designing | <input type="checkbox"/> Network Related | <input type="checkbox"/> Others |

DECLARATION

It is mandatory to declare:

1. All conflict(s) of interests to any IAS employee/IAS Board of Directors/any vendor, financial, non-financial or otherwise
2. Any Related parties

The disclosure must be made as per below table (leave blank if non-exists)

Employee/Director Name	NID No.	Designation/Branch & Relations

*Island Aviation Services Limited reserves the right to approve or reject this vendor registration form based on verification, requirements and other relevant factors

I/We hereby agree that:

- a) The information provided in this form are true and correct to the best interest of my/our knowledge.
- b) Any changes/update to the information provided in the registration form, will be submitted to Island Aviation Services Ltd along with the revised documents
- c) 30 days credit period will be offered after the delivery of the good/services as per the purchase order
- d) I/we have no objection to Island Aviation Services Limited verifying the information provided in this form via the relevant government authority

NID No

Contact no:

Authorized Signature

(Person authorized to sign on behalf of the business)

Seal

Date:

Please mail the completed form with the required documents to: procurement.admin@iasl.aero copied to mohamed.ziyau@iasl.aero

FOR IAS USE ONLY

TASKS	STAFF ID AND SIGNATURE	DATE
Form and supporting documents received		
Information verified		
Vendor list updated		
Related Party/Conflict of interest updated		