

# CONTRACTOR

## Registration Form & KYC

If you have already submitted this form and need to update some information, please fill in the Business/Institution name, Registration number, and relevant sections to change.

FOR MFLC USE ONLY

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SECTION 1		GENERAL INFORMATION	
Customer Type	<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer	
Name of Business/Institute	<input type="text"/>		
Registration No.	<input type="text"/>	Registered Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Registration Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tax ID No. (TIN)	<input type="text"/>
Name of Parent Company/ Business Owner	<input type="text"/>		
Registration No. of Parent Company/ ID Card No.	<input type="text"/>	Date of Incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Commencement of Business	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country of Incorporation	<input type="text"/>
Contact Number	<input type="text"/>	Website	<input type="text"/>
Type of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company <input type="checkbox"/> Government Institute <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Club/Society/Association/NGO <input type="checkbox"/> Others, please specify <input type="text"/>		
Primary Business Activity	<input type="checkbox"/> Tourism <input type="checkbox"/> Fisheries & Agriculture <input type="checkbox"/> Manufacturing <input type="checkbox"/> Commerce & Trading <input type="checkbox"/> Transport <input type="checkbox"/> Construction <input type="checkbox"/> Other services <input type="checkbox"/> Professional Services <input type="checkbox"/> Others, please specify <input type="text"/>		

SECTION 2		CONTACT DETAILS	
Registered Address	<input type="text"/>	Floor	<input type="text"/> <input type="text"/>
		Road	<input type="text"/>
District	<input type="text"/>	Atoll/Island	<input type="text"/>
		Postal Code	<input type="text"/>
		Country	<input type="text"/>
Business Address	<input type="text"/>	Floor	<input type="text"/> <input type="text"/>
		Road	<input type="text"/>
District	<input type="text"/>	Atoll/Island	<input type="text"/>
		Postal Code	<input type="text"/>
		Country	<input type="text"/>
Authorized Signatory	<input type="text"/>	Designation	<input type="text"/>
ID Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	E-mail Address	<input type="text"/>
Office Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preferred Postal Address	<input type="checkbox"/>	Registered Address	<input type="checkbox"/>
		Business Address	<input type="checkbox"/>

**SECTION 3**

**SECONDARY CONTACT DETAILS**

Contact Person	Contact Name	<input type="text"/>
	ID Card No.	<input type="text"/>
	Designation	<input type="text"/>
	Mobile Number	<input type="text"/>
	E-mail Address	<input type="text"/>

**SECTION 4**

**STAFF DETAILS**

Roles	Current Staff		Roles	Current Staff	
	Local	Expat		Local	Expat
Project Manager			Mechanical Engineer		
Project Engineer			Machine Operators		
Quantity Surveyor			Architects		
Quantity Surveyor			Laborers		
Structural Engineer			Administrative Staff		
Health and Safety Officer			Others		
			Total Number of Employees		
Social Media Handles	Facebook	Instagram	Twitter/X	Youtube	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**SECTION 5**

**BANK ACCOUNT DETAILS**

Bank	Account Number	Account Opened Date
(MVR Primary Account)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

<b>SECTION 6</b>		<b>SHAREHOLDERS</b>		(If the number of shareholders exceed the provided slots, please attach an additional copy of this page and complete the following).	
Full Name	<input type="text"/> A	<input type="text"/> B			
ID Card No.	<input type="text"/>	<input type="text"/>			
Permanent Address	<input type="text"/>	<input type="text"/>			
Present Address	<input type="text"/>	<input type="text"/>			
Designation	<input type="text"/>	<input type="text"/>			
% of shares	<input type="text"/> %	<input type="text"/> %			
Director	<input type="checkbox"/> Tick the box if the shareholder listed above is also a director of the company	<input type="checkbox"/> Tick the box if the shareholder listed above is also a director of the company			
Full Name	<input type="text"/> C	<input type="text"/> D			
ID Card No.	<input type="text"/>	<input type="text"/>			
Permanent Address	<input type="text"/>	<input type="text"/>			
Present Address	<input type="text"/>	<input type="text"/>			
Designation	<input type="text"/>	<input type="text"/>			
% of shares	<input type="text"/> %	<input type="text"/> %			
Director	<input type="checkbox"/> Tick the box if the shareholder listed above is also a director of the company	<input type="checkbox"/> Tick the box if the shareholder listed above is also a director of the company			

<b>SECTION 7</b>		<b>DIRECTORS</b>		(If the number of directors exceed the provided slots, please attach an additional copy of this page and complete the following).	
Full Name	<input type="text"/> A	<input type="text"/> B			
ID Card No.	<input type="text"/>	<input type="text"/>			
Permanent Address	<input type="text"/>	<input type="text"/>			
Present Address	<input type="text"/>	<input type="text"/>			
Designation	<input type="text"/>	<input type="text"/>			
Full Name	<input type="text"/> C	<input type="text"/> D			
ID Card No.	<input type="text"/>	<input type="text"/>			
Permanent Address	<input type="text"/>	<input type="text"/>			
Present Address	<input type="text"/>	<input type="text"/>			
Designation	<input type="text"/>	<input type="text"/>			

\*Only fill out details of directors not mentioned on Secion 6

**SECTION 8**

**FINANCIAL DETAILS**

		Amount (MVR)	< 0.5K	< 500K	< 1M	< 3M	< 5M	> 5M
Capital Invested	Current Year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Past Year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Amount (MVR)	< 0.5K	< 500K	< 1M	< 3M	< 5M	> 5M
Annual Revenue	Current Year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Past Year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of income	<input type="checkbox"/> Profit Income <input type="checkbox"/> Sale of property/vessel/vehicle <input type="checkbox"/> Sales and business turnover <input type="checkbox"/> Interest in time deposits <input type="checkbox"/> Family remittance <input type="checkbox"/> Gift/ Donation <input type="checkbox"/> Others, please specify <input type="text"/>							
Credit facilities <small>please fill all applicable details</small>	<input type="checkbox"/> Loan <input type="checkbox"/> Overdraft <input type="checkbox"/> Others, please specify <input type="text"/>							
Bankers <small>(please tick all banks where you operate an account)</small>	<input type="checkbox"/> HSBC <input type="checkbox"/> SBI <input type="checkbox"/> MCB <input type="checkbox"/> HBL <input type="checkbox"/> BOC <input type="checkbox"/> MIB <input type="checkbox"/> BML <input type="checkbox"/> CBM <input type="checkbox"/> Others, please specify <input type="text"/>							

**SECTION 9**

**DETAILS OF ASSETS OWNED**

Operating Assets	Name	Acquired Value	Net Value
	Vessels		
	Vehicles		
	Machineries		
	Equipment		
Rental Assets	Name	Acquired Value	Net Value
	Property		
	Vessels		
	Vehicles		
	Machineries		
	Others		
Liquid Assets	Name	Acquired Value	Net Value
	Bank Balances		
	Investments		
Other Assets	Name	Acquired Value	Net Value
	Trade Recievables		
	Related Party Recievables		

Total assets  
(As per last audited financial statements)

Total Liabilities  
(As per last audited financial statements)

**SECTION 10**      **DETAILS OF RELATED BUSINESS**

If the number of businesses exceed the provided slots, please attach an additional copy of this page and complete the following.

	Name of Company/Business	Registration No.	Registered Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 11**      **BANK ACCOUNT DETAILS**

Bank	Account Number	Account Opened Date
MVR Primary Account	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**SECTION 12**      **DECLARATION**

By submitting this application form, I/We agree and warrant that:

- i. I/We confirm to the best of my knowledge and belief the information provided is true and accurate.
- ii. I/We authorize MFLC to verify this information (this includes contacting organizations or accountants or other banks, relevant individuals and MMA Credit Information Bureau) to assess the eligibility for this enrollment.
- iii. I/We understand that this application remains a property of MFLC regardless of whether the enrollment is made or not.
- iv. I/We agree that MFLC will not be held liable for any damages incurred due to the outcome of this application.
- v. I/We agree that MFLC reserves the right to decline/ reject this application for enrollment at the absolute and sole discretion without stating any reason whatsoever.
- vi. I/We confirm that neither the company, its legal representatives, nor affiliates are under criminal investigation or prosecution, and have not prior hereto, been convicted in court for any violation of laws against bribery, corruption, money-laundering or financing of terrorism.
- vii. I/We declare that the business is a going concern despite ongoing litigations or financial commitment burdens
- viii. I/We undertake to notify any change in any information provided in pursuant to this Application.

Full Name

Designation



Date

Signature

Company Stamp

**SECTION 13 DOCUMENT CHECK LIST**

Identity Proof		Tick if submitted
COPY	Valid ID Card of Applicants, Shareholders, Directors and Partners of Business.	<input type="checkbox"/>
<b>Business Registration Proof - For Sole Proprietors, Partnerships &amp; Companies</b>		
COPY	Business Registration Certificate	<input type="checkbox"/>
	Business Profile Sheet from Ministry of Economic Development (MED)- Profile Sheet verification code shall be provided	<input type="checkbox"/>
	Memorandum and Articles of Association / Partnership Agreement (where applicable)	<input type="checkbox"/>
<b>Financial Information - For Businesses</b>		
COPY	Audited Financials for the past 3 years	<input type="checkbox"/>
	Management accounts for the current year	<input type="checkbox"/>
<b>Tax related information - For Businesses</b>		
COPY	GST/TGST and Income Tax Registration Certificate	<input type="checkbox"/>
	GST/TGST and Income Tax return statement with vouchers of the business for the past one year	<input type="checkbox"/>
	Latest Tax Clearance Report	<input type="checkbox"/>
<b>Other Documents</b>		
ORIGINAL	Board resolution identifying the authorized signatory (for companies and partnership)	<input type="checkbox"/>
	Contractor's Registration Certificate	<input type="checkbox"/>
	Completed Customer Information Form (KYC) for Individual- to be filled by; Shareholders, Directors (for Companies), Business Owner (for Sole Proprietorships), Partners (For Partnerships).	<input type="checkbox"/>
	Ongoing/Completed Project Details (Draft format available under useful download)	<input type="checkbox"/>
COPY / ORIGINAL	Bank Account Statement for the past 12 months	<input type="checkbox"/>
	Any other required documents requested by MFLC	<input type="checkbox"/>

**SECTION 14 FOR MFLC USE ONLY**

1. Form and Supporting Documents Received

2. Staff Name

3. Staff ID

Signature

Stamp

Date

**SECTION 15**

**INTERNAL EVALUATION – FOR MFLC USE ONLY**

<b>Site Visit General Information</b>	Location Address	<input type="text"/>				
	Contact Person	<input type="text"/>	Designation	<input type="text"/>		
	Date of Visit	<input type="text"/>	Time of Visit:	<input type="text"/>		
<b>Financial Analysis</b>	The contractor is able to maintain a positive operating cash flow for the past 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	The contractor has a positive net income in the past 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	CRIB report indicates no warning signals of overdue payments or NPA Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Trade and related party receivables >> Share of total assets	Greater than 25%	<input type="checkbox"/>	15%	<input type="checkbox"/>	5%
	Less than 25%	<input type="checkbox"/>	15%	<input type="checkbox"/>	5%	<input type="checkbox"/>
<b>Capacity &amp; Resources</b>	The contractor has an adequate office space for their admin and support activities	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	The contractor has a qualified labour force to carry out their projects	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	The contractor owns the necessary assets to complete their projects	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Legal and Regulatory Compliance</b>	The contractor has a registered license and all necessary permits to carry out their projects	Business Registration Certificate	<input type="checkbox"/>			
		MIRA Registration Certificate	<input type="checkbox"/>			
	The contractor adheres to workplace safety regulations (safety procedures, signages, safety nets, PPE etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	The contractor is compliant with laws and regulations regarding employment of work permit holders	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Experience and Track Record</b>	The contractor has been operation for over 2 years or key staff/ Shareholders have more than 5 years of industry exposure/expertise	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	The contractor has a consistent history of completing projects within a schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	The contractor has successfully completed projects outside of greater male region	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Recommendation</b>	<input type="text"/>					

Evaluated by

Signature

**SECTION 16**    **APPROVAL**

**Placed by:**

Signature

Executive

Date

.....

**Recommended by:**

Signature

Division Head

Date

.....

**Approved by:**

Signature

CEO / Managing Director

Date

.....

**Reviewed by:**

Signature

Manager / HOD

Date

.....

**Recommended by Risk:**

Signature

Division Head

Date

.....