

SECTION 3

SECONDARY CONTACT DETAILS

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

SECTION 4

LOCATION OF OFFICE / OUTLET DETAILS

Name of Outlet	Business Activity	Address	Current Staff	
			Local	Expat
A	<input type="text"/> Opened Date <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/> Opened Date <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	<input type="text"/> Opened Date <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	<input type="text"/> Opened Date <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	<input type="text"/> Opened Date <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Employees			<input type="text"/>	<input type="text"/>
Social Media Handles	Facebook <input type="text"/>	Instagram <input type="text"/>	Twitter/X <input type="text"/>	Youtube <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"/>

SECTION 6		SHAREHOLDERS		(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	<input type="text"/>
ID Card No.	<input type="text"/>		<input type="text"/>		<input type="text"/>
Permanent Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Present Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Designation	<input type="text"/>		<input type="text"/>		<input type="text"/>
% of shares	<input type="text"/> %		<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		<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	<input type="text"/>
ID Card No.	<input type="text"/>		<input type="text"/>		<input type="text"/>
Permanent Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Present Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Designation	<input type="text"/>		<input type="text"/>		<input type="text"/>
% of shares	<input type="text"/> %		<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		<input type="checkbox"/> Tick the box if the shareholder listed above is also a director of the company

SECTION 7		DIRECTORS		(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	<input type="text"/>
ID Card No.	<input type="text"/>		<input type="text"/>		<input type="text"/>
Permanent Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Present Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Designation	<input type="text"/>		<input type="text"/>		<input type="text"/>
Full Name	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>
ID Card No.	<input type="text"/>		<input type="text"/>		<input type="text"/>
Permanent Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Present Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
Designation	<input type="text"/>		<input type="text"/>		<input type="text"/>

*Only fill out details of directors not mentioned on Section 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	<div> <input type="checkbox"/> Profit Income <input type="checkbox"/> Sale of property/vessel/vehicle <input type="checkbox"/> Sales and business turnover </div> <div> <input type="checkbox"/> Interest in time deposits <input type="checkbox"/> Family remittance <input type="checkbox"/> Gift/ Donation </div> <div> <input type="checkbox"/> Others, please specify <input type="text"/> </div>							
Credit facilities please fill all applicable details	<div> <input type="checkbox"/> Loan <input type="checkbox"/> Overdraft <input type="checkbox"/> Others, please specify <input type="text"/> </div>							
Bankers (please tick all banks where you operate an account)	<div> <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 </div> <div> <input type="checkbox"/> Others, please specify <input type="text"/> </div>							

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)		<input type="text"/>	
Total Liabilities (As per last audited financial statements)		<input type="text"/>	

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

DECLARATION

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

- I/We confirm to the best of my knowledge and belief the information provided is true and accurate.
- 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.
- I/We understand that this application remains a property of MFLC regardless of whether the enrollment is made or not.
- I/We agree that MFLC will not be held liable for any damages incurred due to the outcome of this application.
- 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.
- 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.
- I/We declare that the business is a going concern despite ongoing litigations or financial commitment burdens
- I/We undertake to notify any change in any information provided in pursuant to this Application.
- I/We hereby consent to receive marketing and promotional communications regarding events/promotions conducted by MFLC to my preferred contact method. I/We understand that I/We can opt out of these communications at any time via written request to MFLC.

Full Name

Designation

Date

Signature

Company Stamp

SECTION 12

FATCA DECLARATION

☐ We declare that our company/entity is not a tax resident of U.S/while our beneficial owners (with 10% and above shareholding) are not U.S tax residents as on date/and our beneficiaries do not receive US sourced income. I/We further undertake to inform MFLC if we/our beneficial owners (with 10% and above shareholding) obtains USA Citizenship/Greencard/Passport in future within material time and authorize MFLC to disclose required information to Inland Revenue Services in USA.

☐ We declare that our company/entity is a tax resident of U.S/our beneficial owners (with 10% and above shareholding) are U.S tax residents/Beneficiary of US sourced income and authorize MFLC to disclose required information to Inland Revenue Services of USA under FATCA.

If YES

Form No.	W9	W-8BEN
Details	For U.S Citizens or other U.S Person including resident alien individual	Customers who does not fall under W9 category above <ul style="list-style-type: none"> • Non-resident alien • U.S birth place (without Citizenship and Lawful Permanent Residency) Form No. W9 W-8BEN • U.S Address (residence, correspondence, or PO Box) • One or more U.S telephone numbers • Account at a U.S Bank • Power of Attorney or signatory authority granted to person with US address

Full Name

Signature

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"/>
Business Registration Proof – Sole Proprietors, Partnerships & Companies		
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"/>
Tax related information (For Businesses)		
COPY	GST/TGST and Income Tax Registration	<input type="checkbox"/>
Other Documents		
ORIGINAL	Board resolution identifying the authorized signatory (for companies and partnership)	<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"/>
COPY / ORIGINAL	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

D	D	M	M	Y	Y	Y	Y
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