

EMPLOYER

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

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"/>
Business Registration Expiry Date	<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"/>
Date of Commencement of Business	<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"/>
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"/>
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"/>	E-mail Address	<input type="text"/>
Office Number	<input type="text"/>	Mobile Number	<input type="text"/>
Preferred Postal Address	<input type="checkbox"/>	Registered Address	<input type="checkbox"/>
		Business Address	<input type="checkbox"/>

SECTION 3

SECONDARY CONTACT DETAILS

Human Resources / Admin		Payroll / Accounts	
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"/>			
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"/>			
E	<input type="text"/> Opened Date <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Employees				
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"/>	<input type="text"/>
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"/>	<input type="text"/>
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

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"/>	<input type="text"/>
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"/>	<input type="text"/>
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 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

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 confirm to send the payments under salary deduction to MFLC as follows;
 - a. All deductions as per standing order instructions including repayment schedule received from MFLC on or before 15th of the month will be deducted from the current month's salary and payment will be made to MFLC on or before 10th of the following month.
 - b. If any deduction as per standing order instructions including repayment schedule received from MFLC after 15th of the month, may be processed as per clause iii (a), provided that both parties agree to process the payment.
- iv. I/We confirm to notify MFLC via email, in writing or verbally, if an enrolled employee under MFLC consumer finance scheme is terminated or resigned.
- v. I/We understand that this application remains a property of MFLC regardless of whether the enrollment is made or not.
- vi. I/We understand that either party, MFLC or us will not be held liable for any damages incurred due to the outcome of this application.
- vii. 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.
- viii. I/We understand that MFLC may request submission of information for evaluation for review, in the instance a 09 month period has passed since last successful application/registration
- ix. 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.
- x. I/We declare that the business is a going concern despite ongoing litigations or financial commitment burdens
- xi. I/We undertake to notify any change in any information provided in pursuant to this Application.

Full Name

Designation

Date

Signature

Company Stamp

SECTION 11 DOCUMENT CHECK LIST

Business Registration Proof		Tick if submitted
COPY	Business Registration Certificate (Sole Proprietors, Partnerships & Companies)	<input type="checkbox"/>
Other Documents		
ORIGINAL	Request Letter signed by authorized signatory (for institution)	<input type="checkbox"/>
	Business Profile	<input type="checkbox"/>
	List of Maldivian Employees with date of employment	<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), Managing Director / or person in similar capacity (eg: Minister, Council President etc.) for Institutes.	<input type="checkbox"/>
COPY / ORIGINAL	Any other required documents requested by MFLC	

SECTION 12 FOR MFLC USE ONLY

1. Form and Supporting Documents Received

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2. Staff Name

3. Staff ID

Signature

Stamp

Date

D	D	M	M	Y	Y	Y	Y
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SECTION 13

INTERNAL EVALUATION – FOR MFLC USE ONLY

Background of Applicant	The number of staff eligible to apply for MFLC Consumer Finance	Number of staff	<input type="text"/>	<input type="text"/>	%
	The employer is a government owned institute	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Payroll is processed via MOFT	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	The employer operates in a significant industry to the economy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	The employer is enroled with other credit schemes.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	The employer conducts their own credit schemes to retailers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	The management/shareholders represents qualified and experienced individuals, as indicated in the business profile & details given	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	The employer is not affiliated to a politician through ownership or related party exposure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Financial Analysis	CRIB report indicates no warning signals of overdue payments or NPA Facilities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Legal and Regulatory Compliance	The employer has a registered license and all necessary permits to carry out their business activities (Tick box if recieved)	Business Registration Certificate	<input type="checkbox"/>		
		MIRA Registration Certificate	<input type="checkbox"/>		
Media and Public Relations	The employer has positive reviews and ratings of their products and services on online platforms	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	There is no indicative negative media coverage on government/legislative/reputable channel regarding the employer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Remarks	<div style="border: 1px solid black; height: 150px;"></div>				
Recommendation	<div style="border: 1px solid black; height: 150px;"></div>				
Evaluated by		<input type="text"/>	Signature		<input type="text"/>

SECTION 14

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