

State Trading Organization Plc  
Male'

### Cheque Acceptance Form

Full name: Occupation:  
Permanent Address: Capital (RF):  
Current Address: Amount to be paid by Cheque:  
ID card / Registry Number: Account Number:

Number	Name of company, Share structure.	Current Address	Permanent Address	ID card Number	Contact Number

(Please attach further information or additional members if required)

- Cheques accepted under this form will be within the approved credit limit. This limit shall be calculated including any pending or any amount not cleared. No cheque shall be issued exceeding this credit limit.
- Cheques accepted under this form shall be regarded in accordance with cheque acceptance guidelines of STO plc. STO plc reserves the right not to accept any cheques of customers whose cheques had been returned for any reason.  
Customer should provide a guarantee letter and guarantor who would be responsible to clear any pending payment in circumstance of death or any other reason.

The information provided in the form as well attached is true.

#### Customer Information:

Name: signature: Fingerprint:  
Date: Contact Number:

If the bearer mentioned in this form fails to clear any cheque issued for such reason as of death, bankruptcy or any other I, on my free will, guarantee to take the responsibility of clearing any pending payment.

Name: Current Address:  
Permanent Address Relation with the customer:

Contact Number:

ID card number:

Signature:

Decision: .....  
.....  
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Approved Amount:  
Out Let to issue goods/ other Business Unit:

Approved Period:  
Agreement Reference:

**Documents to be submitted:**

- 1- Copy of Company Registration, Copy of Company Articles,
- 2- Bank Reference and Account Statement for the last financial year,
- 3- Copy of ID cards of the customer and the guarantor with the original,
- 4- Forms filled by subsidiary companies,
- 5- Letter of guarantee,
- 6- Company Profile/Customer Profile.

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### Credit Customer's Clearance Form

Share Holder's Name/Address

Full Name:	1
Permanent Address:	2
Current Address:	3
ID card Number:	4
Contact Number:	5
Date:	6

Office	Customer category	Name/Title	Date	Signature	Company Seal
Fuel Supply Maldives PI					
Maldives Gas PI					
Lafarge Maldives Cement PI					
Maldives Structural Product PI					

Customer Category: A= pays regularly. B= delays in paying. C= do not pay regularly D= no payment made.