



State Trading Organization Plc,
 STO Head Office Building,
 Boduthakurufaanu Magu, Maafannu,
 Male' 20345, Republic of Maldives.

SUPPLIER REGISTRATION FORM

1. GENERAL		
a.	Name	(company or individual name)
b.	Nationality / Country of Incorporation	
c.	Corporate Headquarters	(for companies only)
d.	Date of Incorporation	(Please enclose a notarized copy of incorporation for companies, and copy of national identification card or passport for individual applications, except for the Plc's)
e.	Years, since trading in medical consumables / pharmaceuticals as a core business activity	
f.	Corporate Status	(Plc, Pvt. Ltd., Partnership firms etc.)
g.	Name of the Chairman/ President/ Managing Director	(Head/ CEO of the company)
h.	Dept. and/or person to be contacted by STO	(Name(s) of contact official including telephone no., mobile phone no., fax no. and e-mail ID)
i.	Address (Postal)	
j.	Telephone nos.(office)	
k.	Fax nos.	
l.	E-mail address(es)	
m.	Official Website Address	
n.	Name of Parent/ Holding Company, if any (and its main business)	(for relevant parties only)
o.	Name of Subsidiary (ies), if any (and its main business)	(for relevant parties only)
2. BANK REFERNCES (At least one International Bank reference letter has to be attached)		
a.	Bank-1 / Bank name	
b.	Address of the Bank	
c.	Account Officer	
d.	E-mail address	
e.	Tel	
f.	Fax nos.	
g.	Bank-2 / Bank name	
h.	Address of the Bank	

i.	Account Officer	
j.	E-mail address	
k.	Tel	
l.	Fax nos.	
3. Additional information, if any (please state or attached other relevant information, if any)		

Note: The applicant entity shall have no objection against direct enquiries made by STO to the given references during the evaluation stage.

Date

Company Stamp

Signature
Authorized person
(Preferred CEO, MD, etc)

Checklist for "Supplier Registration Form":

Please check below before submitting the form:

1. Has the prescribed Format been taken?
2. Has the form been officially endorsed with company stamp?
3. Has the form been supported with requisite documents?
 - i. Reference letter from bank.
 - ii. A notarized copy of certificate of incorporation by companies **or** National ID card or PP copy by individual suppliers.
4. Submit the documents to:

STO People's Choice Medicals
State Trading Organization Plc,
STO Head Office Building,
Boduthakurufaanu Magu, Maafannu,
Male' 20345,
Republic of Maldives.
email: medicals@stomaldives.net
Website: www.stomaldives.com

For enquires please contact:
Ms. Mariyam Waseema
Manager,
STO People Choice Medicals,
State Trading Organization Plc,
Tel: (960) 33 44 138
Fax: (960) 33 44 142
email: medicals@stomaldives.net