



MINISTRY OF TOURISM AND CIVIL AVIATION  
REPUBLIC OF MALDIVES

**APPLICATION FOR THE PURCHASE OF BIDDING DOCUMENTS**

**1. NAME OF THE ISLAND/LAGOON/PLOT**

Atoll

Name/  
Coordinates

**2. INDIVIDUAL**

A – Full Name of  
Applicant

Dr/Mr/Ms/Mrs

B – ID Card Number

C – Permanent  
Address

D – Correspondence  
Address

E – Contact Details

Tel:

Mobile:

F - Signature

Email:

**3. BUSINESSES**

A – Business Name

B – Business  
Registration Number

C – Registered  
Address

D – Correspondence  
Address

E – Contact Details

Tel/Mobile:

Email:

F – Authorized  
Signatory

Name:

Designation:

G – Signature

H – Stamp

**4. CONTACT PERSON**

A – Full Name

Dr/Mr/Ms/Mrs

B – ID Card Number

C – Contact Details

Tel:

Mobile:

D – Signature

Email:



## DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION:

In case of a company;

- Registration Certificate
- Board Resolution (if the authorized signatory is not the Managing Director)
- National ID Card copy/ Passport of the Managing Director
- National ID card copy / passport of the authorized signatory
- National ID card copy / passport of the contact person

In case of a partnership;

- Registration Certificate
- Power of Attorney for the authorized signatory
- National ID Card copy/ Passport of the Managing Partner
- National ID card copy / passport of the authorized signatory
- National ID card copy / passport of the contact person

In case of individuals;

- National ID card copy / passport of the applicant
- National ID card copy / passport of the contact person

### NOTE:

1. The price of the bidding document is USD 1500/- for locals and USD 2000/- for foreign entities

## DECLARATION

I \_\_\_\_\_ hereby declare that the information provided is true and correct to the best of my knowledge. I acknowledge that any misrepresentation or willful dishonesty may lead to the rejection of this form or the termination of any subsequent application proceedings.

**Signature:**

**Date:**

## OFFICIAL USE ONLY

**A – NAME**

**B – NATIONALITY**

Local  Foreign

**C – AMOUNT PAID:**

**D – MIRA RECEIPT  
NUMBER**

**E – DOCUMENT  
SERIAL NO**

**F – DATE ISSUED:**

**G – ISSUED BY:**

Name:

Signature:

Ministry of Tourism and Civil Aviation, Velaanaage, Fifth Floor, Ameer Ahmed Magu, Male', Maldives

Tel: +(960)302 2266, +(960)302 2267, Fax: +(960)332 2512

E-mail: [planning@tourism.gov.mv](mailto:planning@tourism.gov.mv) , website: [www.tourism.gov.mv](http://www.tourism.gov.mv)