



Ma. Favourite | Chaandhanee Magu | Male 20194 | Maldives
Tel:331 6116, 331 5115 | Fax:332 3383 , 3312068 | E-mail : sales@euromarketingmaldives.com

CUSTOMER REGISTRATION FORM

CUSTOMER INFORMATION

Outlet Name : _____ Atoll : _____
Company Name : _____ Island : _____
Building Name : _____ GST No : _____
Street : _____ Mobile : _____
E- Mail Address : _____ Tel No : _____
Fax No : _____

ACCOUNTING & PURCHASING

Contact Person (1) : _____ Contact No : _____
E- Mail Address : _____ Designation : _____
Contact Person (2) : _____ Contact No : _____
E- Mail Address : _____ Designation : _____
Method of Payment : Cash Cheque

BUSINESS TYPE (pls tick one)

Café Restaurant Hotel / Resort Resort Tuck Shop Sports Club / Gym
 Safari Resort Guest Shop Guest House Retail / Shop Super Market
 Office Individual Whole Seller Island Distributor Others pls specify
Outlet fitted with AC : Yes No

OWNER INFORMATION

Full Name : _____
Permanent Address : _____
Street : _____ Atoll & Island : _____
Corresponding address : _____
(if different from above)
Street : _____ Atoll & Island : _____
ID / PP & REG No : _____ Nationality : _____
Tel : _____ Mobile : _____ Fax: : _____

I/we, hereby declare that all the information given in this form are correct
Name : _____ **Date** : _____
Signature : _____ **Official Stamp** :

Please attach copies of: 1. Owner ID copy 2. Business Registration Copy 3. GST Registration copy