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CUSTOMER APPLICATION FORM

PERSONAL INFORMATION	
Name:	ID No.:
Address:	Road:
Atoll:	Island: Male'
COMPANY INFORMATION	
Name:	Address:
Tel:	Fax:
TIN NO:	Email:
PURCHASING CONTACT	
Name:	Title:
Tel:	Fax:
Mobile:	Email:
ACCOUNTS CONTACT	
Name:	Title:
Tel:	Fax:
Mobile:	Email:

For and behalf of Customer

.....
 Authorized Signatory (with Company Stamp)

For Office Use Only

Received by: Name: Signature: Date: Time:	Account No:
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