



Form No. -----/20---

Maldives Food and Drug Authority
Ministry of Health
Male', Republic of Maldives

Food Control Division:

Tel:3014361 Hotline: 7603204

Email: foodsafetydivision@health.gov.mv

Medicine and therapeutic Goods:

Tel:3014316 Hotline: 7200321

Email: mtg@health.gov.mv

Website: www.mfda.gov.mv

Dhirithi portal User Registration

Applicable area: Food Pharmaceutical

1. APPLICANT INFORMATION (This section shall be filled by the representative appointed by the company/Sole Proprietorship /Partnership/Others)

Full Name:	ID card No./Passport No.:
Permanent Address (Atoll & Island):	Current Address (Atoll & Island):
Designation:	Nationality:
Contact Number:	Email:

2. COMPANY /SOLE PROPRIETORSHIP /PARTNERSHIP/OTHERS INFORMATION

Name:	Company/Sole Proprietorship /Partnership/ Others Reg. No :	Company Stamp
Address (Atoll & Island):	Customs Registration No.	
Contact Number:	TIN:	
Email.	Website:	

3. DECLARATION (This section shall be filled by the representative appointed by the company/Sole Proprietorship /Partnership/Others)

I, -----, ID number: -----, hereby declare that the information provided above are true and correct to the best of my knowledge and undertake to inform any changes therein, immediately. In case any of the above information is false or untrue, I am aware that I shall be held liable for it.	Date: _____ Signature/Fingerprint
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4. DOCUMENTS TO BE SUBMITTED (The documents marked with* is applicable only for companies)

Applicant's ID Card (Copy)	Board Resolution*	Job reference Letter (If applicant is not a board director)*
Company registration Certificate*/ Sole Proprietor registration /Certification of registration of partnership (Copy)	Board of Directors (current list from MED)*	MOA (Original and Copy)*
Director's ID (Copy minimum 2 directors)*	Director's Passport (colour copy only for foreigners)*	AOA (Original and Copy)*

FOR OFFICE USE ONLY

Received by:	
Name:	Signature:
Designation:	Date:

COMPANY LETTERHEAD

(Including permanent & current address, company registration no. & place of registration)

Resolution Number:

BOARD RESOLUTION

The “Dhirithi Portal User Registration” application form of the Maldives Food and Drug Authority for acceptance was considered and it was RESOLVED as follows:

The following person:

- Will request for Dhirithi Portal User Registration on behalf of this company.
- Will sign on behalf of this company in Dhirithi portal User Registration Form, and will act as the representative of this company.

Authorized signatory

Name:

Designation:

ID card no:

Specimen signature:

The acts done and documents submitted shall be binding on the company, until the same is withdrawn by giving written notice thereof.

This Resolution is duly passed by the Board onand is signed by the following Directors, which meets the quorum of the Board for this resolution. (*Quorum of the board shall consist of minimum two directors)

Director Name	Designation	ID card no.	Specimen signature
.....
.....
.....
.....

Company Secretary (Name and Signature):

Company Seal:

Date and Time:

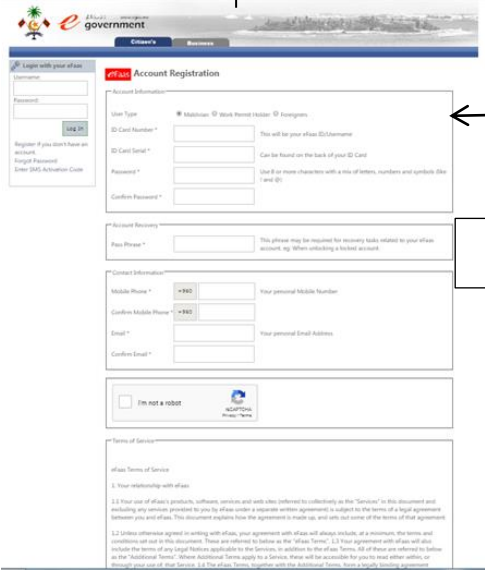
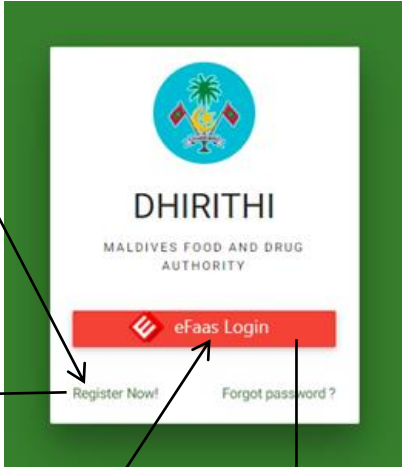
Note: All pages must be printed on company’s letterhead, and must include the company secretary’s signature and company seal

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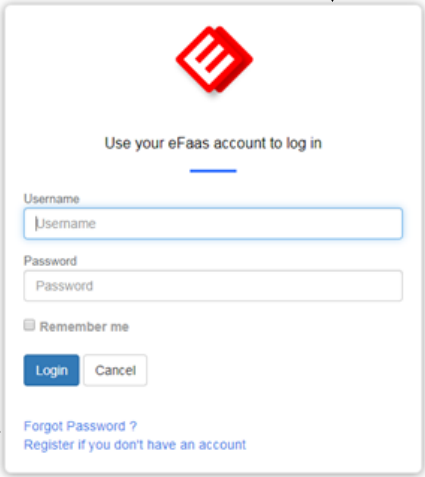
"ދިރިތި" ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު dhirithi.egov.mv ގައި ހިންގަންނަ ފެންވަރު

"ދިރިތި" ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު

"ދިރިތި" ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު "އެފާސް" ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު



"އެފާސް" ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު ފަސޭހަވުމުގެ ނިޔަލުގެ ދަށުން ހިންގަންނަ ފެންވަރު



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