

## NAME SEARCH AND APPLICATION FORM

### [COMPANY | PARTNERSHIP | COOPRATIVE SOCIETIES]

1. If the 5 Names do not pass the verification, please submit a new form with a new queue number
2. Approved names will be reserved for 14 Days. The Ministry cannot guarantee the availability after this period.
3. Please Submit this form along with the Company Registration Document Set
- 4. Company registration form should be filled only after the name is approved**

#	Proposed Name in English	Proposed name in Dhivehi	Meaning	Status
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>

<p>In order to process your application faster please fill this part so that we can give you the registration fee amount you can pay the fees in your first visit to submit the registration Application.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">No of Shares</td> <td></td> </tr> <tr> <td>Face value</td> <td>MVR</td> </tr> <tr> <td>Proposed Capital</td> <td></td> </tr> <tr> <td>Registration Fee</td> <td></td> </tr> <tr> <td>Annual fee</td> <td>MVR 2000/-</td> </tr> <tr> <td>Total</td> <td></td> </tr> </table>	No of Shares		Face value	MVR	Proposed Capital		Registration Fee		Annual fee	MVR 2000/-	Total		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0f0e0;"> <th colspan="2" style="text-align: center;">Applicant Details</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">Applicant Details</td> <td></td> </tr> <tr> <td>Contact Number</td> <td></td> </tr> <tr> <td>NID/PP number</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr style="background-color: #e0f0e0;"> <th colspan="2" style="text-align: center;">Approved By</th> </tr> <tr> <td>Staff name</td> <td></td> </tr> <tr> <td>Approved Date</td> <td style="text-align: center;">Expiry Date</td> </tr> <tr> <td>Signature</td> <td></td> </tr> </tbody> </table>	Applicant Details		Applicant Details		Contact Number		NID/PP number		Signature		Approved By		Staff name		Approved Date	Expiry Date	Signature	
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