



CHEQUE ACCEPTANCE REQUEST

Full Name of Company: _____	
Registration No: _____	
Head Office / Address : _____	
Tel No: _____	Fax No: _____ Email: _____
Resort/Business Address: _____	
Tel No: _____	Fax No: _____ Email: _____
Contact Person _____	Telephone _____
E-mail _____	Fax _____

Directors/Shareholders

Name	NIC No	Address	Contact No

- I/we hereby declare, in case of returned cheque I/we will take full responsibility to pay the amount in full in cash within 24 hours to Maldives Ports Limited
- The customer shall advise MPL forthwith in writing of any change in ownership of 50% or more ordinary share capital of the customer, any other change which matter affects the ownership or control of the customer or its business and any change of registered name, address or additional address of the customer.
- If the issuer of the cheque fails to pay within 24 hours, after notification in writing of a returned cheque, a case for legal action will be initiated.
- Upon receipt of returned cheque notification from the bank, the issuer will be blacklisted at MPL and no cheque will be accepted from any such (organizations or party or person) and any organization where such a person is a director, owner, partner or a trustee for a period of at least 6 months.
- MPL shall be entitled to charge a penalty of 1% per day on the cheque amount against any returned cheque from the date of initial payment until the date the cheque amount is paid in cash to MPL.
- And in case of a returned cheque, MPL has full rights to stop rendering services until the amount is paid as mentioned above.

Authorized Signature

Company Stamp

Documents to be submitted with this form

1. Copy of Company registration
2. Bank Reference Letter
3. Copy of Memorandum of Association and Articles of Association
4. ID Card copy of Directors / Shareholders
5. ID Card copy of authorized signatory

For Office use only	
Approved by:	
Signature:	
Date:	
Form No:	