



# Shamil Logo Application Form

Please use CAPITAL letters and tick  where appropriate

Version 1

## 1. Personal Information

Mr  Miss  Mrs

Full Name   
 NIC No.

Present Address   
 Permanent Address

DOB  Email  Contact No.

## 2. Business Details (if registered)

Business Name   
 Registration No.

Operating Address

## 3. Additional Details

Guardian's Name   
 NIC No.

Present Address   
 Permanent Address

DOB  Email  Contact No.





**Product 4**

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_

**Product 5**

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_

**Product 6**

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_



**Product 7**

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_

**Product 8**

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_

**Product 9**

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_



### Product 10

Name

Price in MVR

Number of variations

Names of variations \_\_\_\_\_  
\_\_\_\_\_

Materials/ Ingredients used \_\_\_\_\_  
\_\_\_\_\_

Packaging materials \_\_\_\_\_

### 5. Documents Required

- Completed application form
- ID card copy of the applicant
- Copy of business registration certificate (if registered)
- ID card copy of the guardian (if applicable)
- Copy of PWD Card or valid disability verification document
- MFDA Approval (if product category is Food & Beverage)
- Product photos (with and without packaging)

By applying for the PWD Identity Logo, you acknowledge and agree to the following:

- The logo is a recognized identity for products or services made by Persons with Disabilities (PWDs).
- The logo must not be misused, modified, or placed on any products not listed in this application.
- Business Center Corporation and the Ministry of Social and Family Development reserve the right to revoke logo usage rights if misuse is identified.
- You confirm that the information submitted in this application is true and correct to the best of your understanding.

**I confirm my agreement to the terms and conditions governing the use of the Shaamil Logo:** Yes  No

Date  \_\_\_\_\_  
Signature

Please submit this application along with all required documents to [shamil@bcc.mv](mailto:shamil@bcc.mv)

### For Office Use Only

#### Application Received and Verified By:

Staff Name  Staff ID

Signature \_\_\_\_\_ Date