



Purchase Order

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|--------------------------------|-----------------------------------|
| PO Num MAL18032084PO18 | Requisition No.: 1926 |
| Status Approved | Request By ResortDoctor MLG |
| Department MLG Human Resources | Date 02/26/2018 |
| Project # | Expected Delivery Date 03/03/2018 |

Special Action:

| | | |
|--|---|---|
| Vendor: <u>VIYA HOLDING SDN BHD</u> Jalan Putra Tel: 00 603 4044 9449 Fax: 00 603 4044 9449 Kuala Lumpur Malaysia | Ship To: Mr. Chorinchath Sasikumar Four Seasons Resorts Maldives Landaa Giraavaru Baa Atoll Republic of Maldives Tel.: (960) 66 00 888 Fax: (960) 66 06 298 Chorinchath. Sasikumar@fourseasons.com | Send Invoice To: Accounts Payable Four Seasons Resorts Maldives Landaa Giraavaru GST :1002917GST001 Baa Atoll Tel: (960) 66 00 888 Fax: (960) 66 06 298 |
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★ Reason for Purchase : Required for Operations

Detail Description: Medical Items (Burn Gel; First Aid/Burn Kits; After Bite Xtra; Sterilizing Pouch)

Items:

| Item Code | Qty | Unit | Brief Description | GL# | Price | Amount |
|---|-----|------|--|------------------------------|---------------------------|--------------------|
| As per quote Q101-1802-52.1 Amount USD 2,915.80 | 1.0 | NOS | Blue Plasters for Kitchen and Tegaderm Waterproof Plasters | MLG62200-65 00-620 n/a | USD2509.00 | USD2509.00 |
| | | | | | Sub-Total: | USD2509.00 |
| | | | | | Freight Charges:() | USD0.00 |
| | | | | | Default Tax: | USD0.00 |
| | | | | | Grand Total: | USD2509.00 |
| | | | | | Grand Total in USD | US\$2509.00 |

TERMS:

30 Days

For Delivery to Supply Boat in Male.

1. Please acknowledge receipt of this Purchase Order by email to the person/s from whom you have received the Purchase Order.
2. Unless specified in writing by the Purchasing Department, always get the mode of dispatch (by courier/air cargo, sea freight) confirmed in writing from the purchasing department before dispatch of the cargo.
3. Please do a Transit Insurance for the Cargo.
4. Please mention the Purchase Order Number in all Invoices and Delivery Orders
5. Every Box must be marked with corresponding Four Seasons Purchase Order Number, Resort Name.
6. Every Box must be numbered