



EXPRESSION OF INTEREST TO SUBMIT PROPOSAL PURSUANT TO REGULATION  
NUMBER: R-69/2016

1. NAME OF THE ISLAND/LAGOON/LAND

Atoll

Name /  
Coordinates

2. INDIVIDUAL

A – Full Name of  
Applicant

Dr/Mr/Ms/Mrs

B – ID Card Number

C – Permanent  
Address

D – Correspondence  
Address

E – Contact Details

Tel:

Mobile:

F - Signature

Email:

3. BUSINESSES

A – Business Name

B – Business  
Registration Number

C – Registered  
Address

D – Correspondence  
Address

E – Contact Details

Tel/Mobile:

Email:

F – Authorized  
Signatory

Name:

Designation:

G – Signature

H – Stamp

4. CONTACT PERSON

A – Full Name

Dr/Mr/Ms/Mrs

B – ID Card Number

C – Contact Details

Tel:

Mobile:

D – Signature

Email:



### DOCUMENTS TO BE SUBMITTED:

- National ID card copy / passport of the applicant (in case of an entity, ID or passport copy of the Managing Director)
- Registration Certificate (in case of an entity)
- Proposal including the following:
  - General information:
    - If an individual: Identity card copy / passport copy, Curriculum Vitae, details of associated businesses (if any), Power of Attorney (if required)
    - If an entity: Registration certificate, company profile including shareholder details and details of each shareholder and Board Resolution
  - Financial information
  - Top management details (designations and responsibilities)
  - Corporate Social Responsibility (C.S.R) Component
  - Human Resource Plan
  - Marketing Plan
  - Financial Plan

### DECLARATION

I \_\_\_\_\_ hereby declare that the information provided is true and correct to the best of my knowledge. I acknowledge that any misrepresentation or willful dishonesty may lead to the rejection of this form or the termination of any subsequent application proceedings.

**Signature:**

**Date:**

### OFFICIAL USE ONLY

<b>A – Name</b>	<input type="text"/>	<b>B – Nationality</b>	<input type="text"/>
<b>C – Payment of Administrative Fee</b>	<input type="checkbox"/> USD1000/-	<b>D – MIRA Receipt Number</b>	<input type="text"/>
<b>E – Submission Number</b>	<input type="text"/>	<b>F – Date</b>	<input type="text"/>
<b>G – Received by</b>	Name: <input type="text"/>	Signature: <input type="text"/>	