



Details of the Company Shareholders			
Present Address	Permanent Address	ID Card No	Name

Details of the Representative Office (This area has to be filled by those applying for Representative Office Special Permit)	
	Name of the Representing Foreign Tour Operator or Travel Agent
	Registered Country of the Foreign Tour Operator or Travel Agent
	Name of the Affiliated Maldivian Travel Agency
	Address of the Representative Office
E-mail	Phone No.:

Declaration	
<p>I hereby declare that the information given in this application is true and correct. And I have read the Travel Agency Regulation of the Maldives and agree to abide by the terms and conditions stated in the Regulation. Furthermore, if the information given in this form is proven false at any time, I understand that the Travel Agency operating license will be cancelled.</p>	
Sign & Stamp	Signature
	Designation
	Date
	Contact Number

Documents to be submitted with Application	
<input type="checkbox"/> Copy of Business Name Registration (If the Proposed name of the Travel Agency is different from that of the Company/Partnership/Sole proprietorship) <input type="checkbox"/> Copy of the Letter Head <input type="checkbox"/> Copy of the Payment Voucher	<input type="checkbox"/>

332 2512 3022 241, 3022 242

www.tourism.gov.mv rs@tourism.gov.mv

