



ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގެޒެޓް ގައި ހުށަހަޅާ ފޮޓޯ
APPLICATION FORM FOR TOURIST GUESTHOUSE OPERATING LICENSE

Reason for Application	ފޮޓޯ ހުށަހަޅާ ސަބަބު
Renewal of License / ފަދަހުކުރު ހުށަހަޅާ <input type="checkbox"/>	New Registration / ނުވަތަ ހުށަހަޅާ <input type="checkbox"/>
If "Renewal", reason for renewal / ފަދަހުކުރު ހުށަހަޅާ ސަބަބު	
Change in number of Beds / ހުށަހަޅާ ހަދާވާ ޖަދުވަލު ބަދަލުކުރުމުގެ ސަބަބުން <input type="checkbox"/>	License Expiry / ލައިސަންސް ދަވަލު <input type="checkbox"/>
License Lost / ލައިސަންސް ގެއްލިފައިވާ <input type="checkbox"/>	Change of / ބަދަލުކުރުމުގެ ސަބަބުން ފަދަހުކުރުކުރާ ފަރާތް ބަދަލުކުރުމުގެ ސަބަބުން <input type="checkbox"/>
Expired License / ލައިސަންސް ބަލިވިފައިވާ <input type="checkbox"/>	Ownership or Operator Name Change / ފަދަހުކުރުކުރާ ފަރާތް ބަދަލުކުރުމުގެ ސަބަބުން <input type="checkbox"/>
Change of Location / ހުށަހަޅާ ހަދާވާ ޖަދުވަލު ބަދަލުކުރުމުގެ ސަބަބުން <input type="checkbox"/>	
For Change in Guest House Name and or Operator	
Registration Number.	Previous Name
License Number	Previous Operator Name

Section 1: Guesthouse Information		ސަބަބު 1: ފަދަހުކުރުކުރާ ޖަދުވަލު
Name of the Guesthouse (in both Dhivehi & English)		
Meaning of the Guesthouse name		
Atoll & Island	Street name	Name of the Premises
Existing No. of Rooms	Existing No. of Beds	
No. of Rooms to be changed to	No. of beds to be changed to	
Fax	Phone	
Website	E-mail	

Section 2: Landlord and Premises' Information		ސަބަބު 2: ފަދަހުކުރުކުރާ ފަރާތް ބަދަލުކުރުމުގެ ސަބަބުން ފަދަހުކުރުކުރާ ޖަދުވަލު
Land and or Premises Details		ފަދަހުކުރުކުރާ ޖަދުވަލު
Registration No. of the Premises	Name of the Premises	
House No.	Type of Premises	
Atoll & Island	Street Name & Block No.	
Land Lease Agreement end Date	Land Lease Agreement Start Date	
Details of the Landlord		ފަދަހުކުރުކުރާ ފަރާތް ބަދަލުކުރުމުގެ ސަބަބުން ފަދަހުކުރުކުރާ ޖަދުވަލު



දුරකථන අංකය Phone	වර්තමාන ලිපිනය Present Address	ආර්ථික ලිපිනය Permanent Address	නැවතුම්පත් ID අංකය ID Card No	නම Name

Section 3: Guesthouse Operator Information		අංක 3: පරිලාභකයාගේ තොරතුරු	
<input type="checkbox"/>	සමාජයාමය Partnership	<input type="checkbox"/>	කොමානියා Company
<input type="checkbox"/>		<input type="checkbox"/>	විද්වතුන්ගේ Individual
නැවතුම්පත් / ID අංකය Registration No. / ID Card No.		නම Name	
වර්තමාන ලිපිනය Present Address		ආර්ථික ලිපිනය Permanent Address	
අත්සන Signature		දුරකථන අංකය Phone	
අත්සන සහ කොමානියා මුද්දරය Signature & Company Stamp		විද්වතුන්ගේ ලිපිනය Email Address	

Partners and or Shareholders Information				අංක 4: සහකාරයන්ගේ තොරතුරු			
වර්තමාන ලිපිනය Present Address	ආර්ථික ලිපිනය Permanent Address	නැවතුම්පත් ID අංකය ID Card	නම Name				

Section 4: Declaration		අංක 4: ප්‍රකාශනය	
<p>I hereby declare that the information given in this application is true and correct. And I have read the Guest House 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 Guesthouse operating license will be cancelled.</p>			
අත්සන / මුද්දරය Sign & Stamp		නම Name	
		ඉ职තය Designation	
		දිනය Date	
		දුරකථන අංකය Contact Number	

For any enquiries regarding this form please contact our Registration Unit at the following number
 Tel: +960 3022 285 | Email: rs@tourism.gov.mv

