

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



**MINISTRY OF TOURISM**  
REPUBLIC OF MALDIVES

**DECLARATION FORM FOR ACCOMODATING TRANSIT PASSENGERS (AIRLINE CREW) IN  
TOURIST ESTABLISHMENTS APPROVED FOR POST COVID-19 OPERATIONS**

<b>Details of the Facility</b>	
Registration No:	
Business Name of the Facility:	
Atoll:	Name of the Island:
No. of Rooms:	No. of Beds:
E-mail:	Phone Number:
Website:	
<b>Emergency Focal Point</b>	
Name:	
Mobile Number:	Designation:
E-mail:	Phone Number:
<b>Declaration</b>	
<ul style="list-style-type: none"><li>- Special approval to operate part of the island as a transit facility for airline crews.</li><li>- Specific rooms are to be allocated for this purpose and the area is to be separated with a boundary mark.</li><li>- Guest staying in this area are not allowed to go out of the marked boundary.</li><li>- Services such as food and beverage are to be arranged in a facility within the aforementioned boundary or through room service arrangements.</li><li>- Separate transfer needs to be arranged for transit guests to and from the island.</li><li>- Measures stated in Public Health Interventions to prevent COVID-19 transmission in the tourism sector are required to be followed.</li></ul> <p>I hereby declare that the information given in this application is true and correct. And I have read the Guidelines for Restarting Tourism in Maldives and Public Health Interventions to prevent COVID-19 transmission in the tourism sector and agree to abide by the terms and conditions stated in the Guidelines and this declaration.</p>	
Sign & Stamp:	Name:
	Designation:
	Date:
	Contact Number: