



Ministry of Tourism and Civil Aviation

**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 – A project proposal valued between \$500,000 to \$1,000,000 in accordance with Regulation No R-69/2016 (20 Marks)
 - Human Resource Plan (30 Marks)
 - ✓ Ratio of Maldivians in the Top Management
 - ✓ Training opportunities
 - ✓ Gender Parity
 - ✓ Staff Incentive Package
 - Marketing Plan (25 Marks)
 - ✓ Marketing budget
 - ✓ Destination promotion propositions
 - ✓ Creativity
 - Financial Plan (25 Marks)
 - ✓ Payback period (of initial investment)
 - ✓ Profitability (return on investment, return on equity)
 - ✓ Solvency

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

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