



MINISTRY OF TOURISM
REPUBLIC OF MALDIVES

USER REGISTRATION AUTHORIZATION FORM
Tourism Information Management System (TIMS)

Establishment Type (Please tick one): Resort Hotel Guesthouse Safari Vessel

Establishment Name:

Contact Number: Email:

eFass Account Holder Information

Name:

National ID Card No. (If the account holder is Local):

Passport No. and Work Permit No. (If the account holder is an Expatriate)

Passport No.: Work Permit No.:

Email (Used for eFass registration):

Mobile (Used for eFass registration):

Official Authorization

I, hereby authorize the above eFass account holder to use TIMS as the System Administrator for the establishment named above, on behalf of its operator/management.

Name:

Designation:

Contact Number (Mobile): Email:

Signature: Date:

Stamp:

Important Note

- If account holder is a local, a copy of the **National ID** card or if account holder is an Expatriate, copies of **Passport data page** and **Work Permit** should be submitted with this form
- Any change in the eFass account holder, should be informed in writing to the Ministry of Tourism immediately by email to it@tourism.gov.mv or stat@tourism.gov.mv