

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



MINISTRY OF TOURISM
REPUBLIC OF MALDIVES

APPLICATION FORM FOR YACHT MARINA OPERATING LICENSE.

Name of the Yacht Marina:

Name of the Island and Atoll:

No of Berths:

Name & Present Address of the Lessee:

Tel:

Fax:

e-mail:

Permanent Address of the Lessee:

Tel:

Fax:

e-mail:

Name and Present Address of the Operator:

Tel:

Fax:

e-mail:



Permanent Address of the Operator:

Tel: Fax: e-mail:

If the Operator is other than the Lessee, a copy of the sublease/management agreement or other documentation should be submitted

I hereby Declare that the information given above is correct:

Name Signature and seal of Operator:

Date: