



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: .....

**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: .....

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](mailto:it@tourism.gov.mv) or [stat@tourism.gov.mv](mailto:stat@tourism.gov.mv)