



ދިވެހިސަރުކާރުގެ ގެޒެޓް ގައި ބަޔާންކުރި ގޮތުގައި ދިވެހިސަރުކާރުގެ ގެޒެޓް ގައި ބަޔާންކުރި ގޮތުގައި
APPLICATION FORM FOR TRAVEL AGENCY OPERATING LICENSE

Reason for Application		ފަސަހުގެ ސަބަބު
Revoked License / ހުޅުވާލެވިފައިވާ ލައިސަންސް <input type="checkbox"/>	New Registration / ނުވަތަ ނިއު ރިޖިސްޓްރޭޝަން <input type="checkbox"/>	
Representative Office / ރިޕްރެސެންޓޭޝަން އޮފީސް ހުޅުވާލުމަށް ދަށުގައި ލައިސަންސް <input type="checkbox"/>	Renewal of License / ލައިސަންސް ރިނިއުއަލް <input type="checkbox"/>	
Special Permit <input type="checkbox"/>	Name Change / ނަންމު ބަދަލުކުރުމަށް ދަށުގައި ލައިސަންސް <input type="checkbox"/>	
Others / ފަސަހުގެ ސަބަބު <input type="checkbox"/>	License Lost / ލައިސަންސް ގެއްލިފައިވާ <input type="checkbox"/>	

Travel Agency Operator's Information		ޖެއިންޓް ވަރުދަން ފަރާތްތަކުގެ ނަންމު ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު	
<input type="checkbox"/> ޖެއިންޓް ފަރާތްތަކުގެ ނަންމު Partnership	<input type="checkbox"/> ޓްރަސްޓް ފަރާތްތަކުގެ ނަންމު Company	<input type="checkbox"/> ސޯލް ޕްރޮޕްރިއެޓަރުގެ ނަންމު Sole Proprietor	
ޖެއިންޓް ވަރުދަން ފަރާތްތަކުގެ ނަންމު ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު (ދިވެހި ބަހުން ނުވަތަ ޔުއޭޕް ބަހުން): Business Name of the Travel Agency: (In both Dhivehi & English)			
ޖެއިންޓް ވަރުދަން ފަރާތްތަކުގެ ނަންމު ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު (ދިވެހި ބަހުން ނުވަތަ ޔުއޭޕް ބަހުން): Name of the Company/Partnership/Sole Proprietor operating the Travel Agency			
ރިޖިސްޓްރޭޝަން ނަންބަރު Registration No.			
ރާއްޖެ ނުވަތަ ޅަންދު Atoll & Island		ރިޖިސްޓްރޭޝަން ބަންދު ހެއްދެވި ބަންދު ހެއްދެވި ރަށުގެ ނަންމު Registered Address	
ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު E-mail		ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު Phone No.	
ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު Website			
Travel Agency Emergency Focal Point		ޖެއިންޓް ވަރުދަން ފަރާތްތަކުގެ ނަންމު ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު	
ޕްލޭސިއުމަންޓް Designation		ނަންމު Name	
ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު E-mail		ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު Phone No.:	

Details of the Company Directors/ Partners of the Partnership/ Sole Proprietor			ޖެއިންޓް ވަރުދަން ފަރާތްތަކުގެ ނަންމު ފޯމުގެ ތެރެއިން ފުރުޞަތު ހޯދާ ފަރާތްތަކުގެ ނަންމު
ދިވެހިސަރުކާރުގެ ގެޒެޓް ގައި ބަޔާންކުރި ގޮތުގައި Present Address	ފަސަހުގެ ސަބަބު Permanent Address	އެ.ޕީ.އެ.ސީ. ނަންބަރު ID Card No	ނަންމު Name



Details of the Company Shareholders			
Present Address	Permanent Address	ID Card No	Name

Details of the Representative Office (This area has to be filled by those applying for Representative Office Special Permit)	
	Name of the Representing Foreign Tour Operator or Travel Agent
	Registered Country of the Foreign Tour Operator or Travel Agent
	Name of the Affiliated Maldivian Travel Agency
	Address of the Representative Office
E-mail	Phone No.:

Declaration	
<p>I hereby declare that the information given in this application is true and correct. And I have read the Travel Agency Regulation of the Maldives and agree to abide by the terms and conditions stated in the Regulation. Furthermore, if the information given in this form is proven false at any time, I understand that the Travel Agency operating license will be cancelled.</p>	
Sign & Stamp	Signature
	Designation
	Date
	Contact Number

Documents to be submitted with Application	
<input type="checkbox"/> Copy of Business Name Registration (If the Proposed name of the Travel Agency is different from that of the Company/Partnership/Sole proprietorship) <input type="checkbox"/> Copy of the Letter Head <input type="checkbox"/> Copy of the Payment Voucher	<input type="checkbox"/>



<input type="checkbox"/> Copy of the Payment Invoice <input type="checkbox"/> Copy of Reservation Voucher <input type="checkbox"/> Copy of Free Individual Travelling (Fit) Voucher <input type="checkbox"/> Original of the Previous Operating License (If Registered before) <input type="checkbox"/> Tax Clearance Report of the Operator (from Maldives Inland Revenue Authority (MIRA)- Issued date shall not be more than 01 month. <input type="checkbox"/> Filled Criminal Record Form of Directors/Partners/Sole proprietor	<input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ
If operated by a Sole Proprietor <input type="checkbox"/> Sole Proprietorship registration copy issued by Ministry of Economic Development (MED) <input type="checkbox"/> Sole Proprietorship Profile issued by Ministry of Economic Development (the objectives shall include travel agency and tour operation)	<input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ
If the operator is a Partnership <input type="checkbox"/> Copy of Partnership Registration Certificate <input type="checkbox"/> Partnership Profile issued by Ministry of Economic Development ((the objectives shall include travel agency and tour operation)	<input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ
If the operator is a Company <input type="checkbox"/> Copy of Company Registration <input type="checkbox"/> Company Profile issued by Ministry of Economic Development ((the objectives shall include travel agency and tour operation)	<input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ
If the operator is a Representative Office <input type="checkbox"/> Registration certificate of Foreign Travel Agency or Tour Operator or Online Travel Agency (issued by the incorporated country) <input type="checkbox"/> Agreement with the Affiliated Travel Agency in Maldives <input type="checkbox"/> Operating License Copy of the Affiliated Travel Agency <input type="checkbox"/> Passport copies of the Shareholders and Directors of the foreign company <input type="checkbox"/> Copy of Representative Office Special Permit (if given previously)	<input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ <input type="checkbox"/> ޤަބުލުގެ ސަލާމަތް ޖެހޭ ޖެހޭ

Note: Application must be submitted at least 01 month prior to license expiry or commencement of operation

Incomplete application forms will be returned