



MINISTRY OF TOURISM
Republic of Maldives

For Office Use Only

...../PN/20.../.....

PRE-OPENING QUOTA NO OBJECTION APPLICATION FORM

* Please note that this form can be applied only if the the construction and development of project work is completed by 70% and above.

Section 1

PROJECT & LEASE INFORMATION

Establishment Type (Please tick (✓) where appropriate)

Resort Hotel Marina Guesthouse (council plot) Others please specify.....

Property / Business Name (if name registered):

Island name and Atoll:

Total No. of Guest Rooms at the end of the project:

Total No. of Guest Beds at the end of the project :

Is project work phased out? : Yes No

If yes:

- a) No. of Guest Rooms to be opened in Phase 1:
- b) Any other services that may be ready at the end of Phase 1: (Eg: Dive school, Spa, etc)

- 1.
- 2.
- 3.

Expected Date for opening of phase 1:

Section 2

CONSTRUCT PERMIT DETAILS

Construction Permit letter Reference Number:

Issued Date: DD/MM/YYYY

Construction Permission period as per referred letter

Start: DD/MM/YYYY End: DD/MM/YYYY



Section 3

HEAD LESSEE/SUBLESSEE/ OPERATOR INFORMATION

(Please tick (✓) where appropriate)

Type A: Project is run by Head lessee/Owner (go to section 4)

Type B: Project is subleased to another company (go to section 5)

Type C: Is the Island operated by management company (go to section 6)

Section 4

TYPE A: HEAD LESSEE /OWNER INFORMATION

Type of Entity (Please tick (✓) where appropriate)

Individual Company Government Organization Others please specify

Name:

ID Card / Company Registration No:

Contact Number:

Email:

State the following details of latest addendum to the agreement for extension of construction period;

Date of addendum to the agreement: DD/MM/YYYY

Extension period as per addendum to the agreement from: DD/MM/YYYY to DD/MM/YYYY

Section 5

TYPE B: SUBLEASE HOLDER INFORMATION

Type of Entity (Please tick (✓) where appropriate)

Individual Company Government Organization Others please specify

Name:

ID Card / Company Registration No:

Contact Number:

Email:



Section 6

TYPE C: OPERATOR OR MANAGEMENT COMPANY INFORMATION

Name of the Operator/Management Company:	
Address:	
Email:	
Contact Number:	
Management Agreement details;	
Date of management agreement: DD/MM/YYYY	Date of Handover: DD/MM/YYYY
Reference number of Ministry's Approval letter:	Date: DD/MM/YYYY
Reference number of Ministry's Registration letter:	Date: DD/MM/YYYY

Section 7

DECLARATION

- 1- Agree to complete the **Minimum Mandatory Requirements for Operating license**
- 2- Arrange inspection of Quality Assurance Team **minimum 30 days** before the deadline of the construction period / expected opening date.
- a) Submit the following applications (attachment with this form) minimum 30 days of expected opening date.
- **Application form for registration of Tourist Resort/Hotel**
 - **Application form for Tourist Resort Operating Licence**
- * Attachments also can be downloaded via <http://www.tourism.gov.mv/tourist-resorts-forms/>. If your require further clarification please contact International Relations and Industry Human Resource unit via email: ihr@tourism.gov.mv*

Lease Holder/Owner

Name:	Signature & Stamp
Designation:	
Email:	
Contact Number: Date: DD/MM/YYYY	

Sub-Lease Holder

Name:	Signature & Stamp
Designation :	
Email:	
Contact Number: Date: DD/MM/YYYY	

Operator

Name:	Signature & Stamp
Designation:	
Email:	
Contact Number: Date: DD/MM/YYYY	



Section 8

CONTACT PERSON INFORMATION	
Name :	
Designation :	
Contact Number :	Email:
Attachment with the application 1. The application should be duly filled and submitted along with the following documents a. <input type="checkbox"/> Pre-Opening Quota No Objection Application Form, PN-Form 1 (2 sets) b. <input type="checkbox"/> Manning Guide c. <input type="checkbox"/> Sublease/Operator /Management company agreement Copy	

Section 9

MINISTRY CHECKLIST <i>(To be filled by Ministry)</i>
a. <input type="checkbox"/> Pre-Opening Quota No Objection Application Form, PN-Form 1 (2 sets) b. <input type="checkbox"/> Manning Guide d. <input type="checkbox"/> Sublease/Operator /Management company agreement Copy
Name:
Designation:.....
Date:
Signature:.....

Section 10

MINISTRY APPROVAL
Ministry Reference Number: _____ Date: _____
We hereby grant No Objection to issue the pre-opening quota. <i>(Authorized Signature)</i>
Name: _____
Designation: _____
Contact Number: _____ Signature and Stamp