

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



Maldives Customs Service
Republic of Maldives

APPLICATION FOR AGENT REGISTRATION

This form must be filled in **BLOCK LETTERS**

New registration Re-registration

Ref:

Name of Organization:		
Address (Registered Office):		Address (Main Corresponding Office):
Telephone No:	Fax:	E-mail:

SHAREHOLDER (S)

Name:	Permanent Address:	I.D.Card No:	Mobile No:

The Company agrees to take full responsibility for all activities that may occur during vessel's operations in Maldives.
I declare that the above particulars are true and correct.

Name :

Designation: Company stamp & Signature

Note:

- * The permit is valid for one year from the date of registration.
- * The permit must be re-registered before its expiry. Failure to do so will result in the revocation of the permit.

The following documents should be submitted with this application.

- * Copy of the shareholders(s) I.D. card
- * Copy of the organization's Registration Certificate (Ministry of Economic Development)
- * Copy of the organization's Memorandum of Association(indicating ship-handling as an objective)

OFFICIAL USE ONLY

Issued date:

Expiry date:

Agent's letter / Certificate no:

Name:.....

Designation:.....

Date & time:.....

Signature:.....

Authorized Signature