



Application for Authorizing Importer / Exporter Representatives

*Please submit Id copy / work permit copy

Importer / Exporter details

Name	<input type="text"/>		
Imp/Exp Number	<input type="text"/>		
Contact Person	<input type="text"/>	Contact Number	<input type="text"/>

Representatives details

Representative 1

Name	<input type="text"/>
ID/WP Number	<input type="text"/>
Nationality	<input type="text"/>
Mobile Number	<input type="text"/>

Representative 2

Name	<input type="text"/>
ID/WP Number	<input type="text"/>
Nationality	<input type="text"/>
Mobile Number	<input type="text"/>

Representative 3

Name	<input type="text"/>
ID/WP Number	<input type="text"/>
Nationality	<input type="text"/>
Mobile Number	<input type="text"/>

Representative 4

Name	<input type="text"/>
ID/WP Number	<input type="text"/>
Nationality	<input type="text"/>
Mobile Number	<input type="text"/>

I hereby authorize the identified representative to deal with Maldives Customs Services, including signing of all documents and all necessary activities to be carried out in completing transactions on our behalf.

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Organization / Company Seal

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Date

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Applicant's Signature