



MALDIVES CUSTOMS SERVICE  
REPUBLIC OF MALDIVES

## APPLICATION FOR PERMIT TO ACCESS CUSTOMS CONTROLLED AREAS / VESSELS

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

Ref: .....

<b>Applicant's:</b>		
Name: .....		
I.D. No/Work Permit: .....	Nationality: .....	
Designation: .....	Mobile No: .....	
Permanent address: .....		
Present address: .....		
Name of the Company: .....		
Address: .....		
E-mail: .....	Tel No: .....	Fax No: .....
<p><b>Tick the specific area for requesting permit:</b> <input checked="" type="checkbox"/></p> <p>Bonded Warehouse Permit: <input type="checkbox"/>      Duty/free Permit: <input type="checkbox"/>      Vessel boarding Permit: <input type="checkbox"/>      Other: <input type="checkbox"/></p> <p>Please issue permits for the requested Customs-controlled areas .</p> <p>The Company will take full responsibility for the Applicant's actions for the proper use of Permit(s) and when the Permit holder's employment is terminated, the Employer will forward the Permit to Customs within 3 days.</p>		
Name: .....		Signature: .....
Designation: .....		Date: .....      Company's Stamp

CUSTOMS USE ONLY	
Permit issued date: .....	Permit expiry date: .....
Name: .....	Signature: .....
Designation: .....	Date and Time: .....
Authorized Signature	Cashier's Stamp

