



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

MCS-102 ފޯމް ސަރުކާރު

މާލެޤުގެ ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރު

Maldives Customs Service

މާލެޤު، ދިވެހިރާއްޖެ

Male', Maldives

ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރުގެ ސަރުކާރު

Application Form for Assigning of Customs Brokers

1. ގަޔާތް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް

Importer / Exporter Information:

Company/Trader Registry Number:	Name:
Importer/Exporter Registry Number:	Permanent Address:
Fax Number:	Current Address:
Telephone Number:	

2. ޕްރޮޖެކްޓް ގަޔާތް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް ނުވަތަ ފޯމް

Nature of Assignment (please tick where appropriate)

To complete Goods Declaration (To act on my/Company's behalf in all matters relating to the Import/Export Goods Declarations including attending to queries, document submission and signing of all related documents.)

To be present while examining the goods by Customs (To act on My/Company's behalf in all matters required by Customs at Goods Examination Stage)

Importer's / Exporter's:

Signature:

Name:

Date:

Fingerprint or Company Seal

I / this company, hereby authorize (Importer/Exporter Name) to act on my behalf in all (Customs Broker Company Name) Customs matters selected among the tasks stated in Part 2 of this application.

Date: / / 20.....



3. Өрхийн мэдээллийн хэргийн танилцуулга

Customs Broker Information:

Танилцуулгын өргөдлийн үйлчилгээний байр, өрхийн мэдээллийн танилцуулга:

Broker (Company name):	Өрхийн мэдээллийн танилцуулга:
Broker Registry Number:	Company's Registered Address:
Fax Number:	Correspondence Address:
Phone Number:	Email:

Customs Broker's:

Signature: _____

Name: _____

Date: _____

Fingerprint

Company Seal

1. Өрхийн мэдээллийн танилцуулга (Хэрэглэгчийн мэдээлэл)

2. Өрхийн мэдээллийн танилцуулга (Танилцуулгын үйлчилгээний байр)

I, _____, hereby agree to act on behalf of _____ (Customs Broker Company Name)

_____, the party stated in Part 1 of this Application, in all Customs matters selected among the tasks stated in Part 2 of this application.

Date: / / 20.....

4. Үлэмж

Witnesses:

Date & Time:	Signature:	Date & Time:	Signature:
Name & Address:	Name & Address:	ID Card Number:	ID Card Number:

