



**Section 3- Responsible Person Information**

معلومات شخص مسؤو

فون نمبر Phone Number	فول نام Full Name
موبائل نمبر Mobile Number	نید کارڈ نمبر NID Card Number
پوسٹل ایڈریس Postal address	رشتہ کاری Relationship to Business
ای میل E-Mail	مستقیم ایڈریس Permanent Address
	حالیہ ایڈریس Current Address

**Section 4- Related to Selected Service(s)**

معلومات متعلقہ سروس

Please fill this part in accordance with the service(s) you are opting to apply

معلومات متعلقہ سروس کے مطابق پُر کریں

Code 1- Importer / Exporter				کد 1- برآمد / برآمد
تورزم Tourism <input type="checkbox"/>	عوامی Public <input type="checkbox"/>	حکومت Government <input type="checkbox"/>	مخصوص Private <input type="checkbox"/>	سکتور Business Sector

Code 2- Customs Portal Registration		کد 2- کسٹمز پورٹل رجسٹریشن
کیا آپ کے پاس پری-پےمنٹ اکاؤنٹ ہے؟ Do you have a Pre-Payment Account? <input type="checkbox"/>	کیا آپ کے پاس گوشت اور شراب کی برآمد/برآمد کی اجازت ہے؟ Do you have Permit to Import/Sell Pork and Liquor? <input type="checkbox"/>	

Code 3- Bank Account registration complete page 4	کد 3- بینک اکاؤنٹ رجسٹریشن مکمل کریں صفحہ 4
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Code 4- Pre-Payment Account		کد 4- پری-پےمنٹ اکاؤنٹ
کمپنی Company <input type="checkbox"/>	دعا کرنے والا Declarant <input type="checkbox"/>	سکتور Business Sector

Code 1,2,4- Bank Account Information		کد 1,2,4- بینک اکاؤنٹ معلومات
بینک نام Bank Name	اکاؤنٹ نمبر Account Number	1
	اکاؤنٹ نام Account Name	
بینک نام Bank Name	اکاؤنٹ نمبر Account Number	2
	اکاؤنٹ نام Account Name	
<p>میں یہاں پر اس بات پر اتفاق کرتا ہوں کہ اگر اوپر بیان کردہ اکاؤنٹ کی معلومات میں کوئی تبدیلی آئے تو اسے 3 دنوں کے اندر لکھ کر کسٹمز کو مطلع کرنے کے لیے تیار رہوں گا۔</p> <p>I hereby agree to notify to Customs in writing of any change to the above mentioned Account Information within 3 days of such a change.</p>		

Code 5 - 9- Board of Directors Information				کد 5 - 9- ڈائریکٹرز کی معلومات
موبائل نمبر Mobile No	ورک-پرمٹ / نید نمبر Work-permit /NID Number	پتہ Address	فول نام Full Name	#
				1
				2
				3
				4
				5
<p>اگر یہ میز نہیں ہے تو، دیا گیا فارمیٹ کے مطابق اضافی شیٹیں لگا کر اس فارم کے ساتھ لگا دیں۔</p> <p>If the table is not enough, use additional sheets according to the given format and attach them to this form</p>				



# މަރުކަޅު ދަރުޅިވަރު ފޯމު

## Details of registering Bank account

- ސަރުކާރުގެ ފަރާތުން ބޭނުންކުރާ ފަރާތްތަކުގެ ނަމުން ދަރުޅިވަރު ފޯމު ފުރިހަމަކުރުމަށް ފޯމު ފޮނުވުމަށް ފަހު.
- ފޯމު ފުރިހަމަކުރުމަށް ފަހު 24 ގަޑިއިރުގެ ތެރޭގައި ދަރުޅިވަރު ފޯމު ފުރިހަމަކުރުމަށް ފޯމު ފޮނުވުމަށް ފަހު.
- ފޯމު ފުރިހަމަކުރުމަށް ފަހު 24 ގަޑިއިރުގެ ތެރޭގައި ދަރުޅިވަރު ފޯމު ފުރިހަމަކުރުމަށް ފޯމު ފޮނުވުމަށް ފަހު [admin@customs.gov.mv](mailto:admin@customs.gov.mv) ގައި ފޯމު ފޮނުވުމަށް ފަހު.
- ފޯމު ފުރިހަމަކުރުމަށް ފަހު 24 ގަޑިއިރުގެ ތެރޭގައި ދަރުޅިވަރު ފޯމު ފުރިހަމަކުރުމަށް ފޯމު ފޮނުވުމަށް ފަހު.

Details of Consignee		މަރުކަޅު ދަރުޅިވަރު ފޯމު	
		މައްޗ / ގަޑީގެ ނަންމު	1
		House / Building Name	
ފެންނަ ތަނުގެ ނަންބަރު	Floor Number	ދަރުޅި / ގަޑީ / ދިވެހި	2
Apartment Number		Atoll / Island / District	
Street	Street	Country	
Postal Code	Postal Code	NID Number	
Mobile Number	Mobile Number		

Details of the Accounts relating to cheque payments		މަރުކަޅު ފަރާތުން ބޭނުންކުރާ ފަރާތްތަކުގެ ނަމުން ދަރުޅިވަރު ފޯމު	
Bank Name	Bank Name	Account Number	1
		Account Name	
Bank Name	Bank Name	Account Number	2
		Account Name	

Declaration		މަރުކަޅު ފަރާތުން ބޭނުންކުރާ ފަރާތްތަކުގެ ނަމުން ދަރުޅިވަރު ފޯމު	
<p>I hereby declare that due to any reason if the cheque of issued under above mentioned accounts bounces- back to the amount so indicated in such cheque(s) will be paid to Maldives Customs Service within 24Hrs. I also agree to notify Customs in writing of any change to the above mentioned account information within 3 days of such a change.</p>			
Bank Account Holder (If different from Consignee)	Bank Account Holder (If different from Consignee)	Consignee	Consignee
Full Name	Full Name	Full Name	Full Name
Designation	Designation	Designation	Designation
NID Number	NID Number	NID Card Number	NID Card Number
Mobile Number(s)	Mobile Number(s)	Mobile Number(s)	Mobile Number(s)
Signature	Signature	Signature	Signature
Stamp / Fingerprint:	Stamp / Fingerprint:	Stamp / Fingerprint:	Stamp / Fingerprint:

Document Check List To submit corresponding required documents along with this application.		Registration Type									<p style="text-align: center;"><b>مۆھرىم ھۆججەتلەر تىزىمى</b></p> <p style="text-align: center;">بۇ تىزىمدا كۆرسىتىلگەن ھۆججەتلەرنى بىرلىكتە تەقدىم قىلىش كېرەك. ھۆججەتلەرنىڭ رەسمىي نۇسخىسىنى بىرلىكتە تەقدىم قىلىش كېرەك.</p>	
		Importer/Exporter Registration	Customs Portal	Bank Account	Duty Free Shop	Bonded Warehouse	Shipping Agent License	Broker License	Local Courier / Broker License	Permit Access to Customs Controlled Areas		
#	Type of Document	1	2	3	5	6	7	8	9	10	تەكشۈرۈلۈش كۆرۈنۈشى	#
1	Company Registration (Attested copy)	✓			✓	✓	✓	✓	✓		1	1
2	Business activities list issued by MED (copy)						✓	✓	✓		2	2
3	Company Board members list issued by MED (copy)				✓	✓	✓	✓	✓		3	3
4	NID of Board of Directors (copy)				✓	✓	✓	✓	✓		4	4
5	Import Export Permit issued by MED (copy)	✓									5	5
6	GTS/BPT Registration issued by MIRA	✓									6	6
7	Sole Proprietorship (SP) Registration issued by MED (copy)	✓									7	7
8	NID of responsible person- Sole Proprietorship (SP) (copy)	✓									8	8
9	Vessel Registration (copy)	✓									9	9
10	If handling Pork / Liquor, Permit issues by M.E.D (copy)		✓								10	10
11	For Aircraft Agents, Ground Operation Permit issued by the Civil Aviation Authority						✓				13	13
12	Certificate of Completion of the Customs Brokers Course							✓			14	14
13	Proof of Employee of the Completed Staff (Customs Broker Course)							✓			15	15
14	NID/Passport (copy) of the person completed Customs Broker Course							✓			16	16
15	Broker NID copy							✓			17	17
16	Broker license copy								✓		18	18
17	Duty free shop permit issued by MED (copy)				✓						19	19
18	ID/Passport/Work Permit (copy) of the person submitting the Form								✓		21	21
19	1 Passport Size Photo (not more than 3 months from date of photo)								✓		22	22
20	Proof of Employee (Issued by the Company)								✓		23	23
21	Completed Crime Record Form								✓		24	24
22	Police Report (Only for Foreigners)								✓		25	25
23	Bank letter to verify account / Bank statement copy / Bank Account Deposit Slip copy / Cheque copy			✓							26	26
27	Bonded Warehouse Drawing ( Floor Chart)					✓					27	27

Note: No additional document is required for Pre-Payment Account Registration (Type 4) ئىش: قوبۇل قىلىنغان ھۆججەتلەر (4 تىپى) بىرلىكتە تەقدىم قىلىش كېرەك. ھۆججەتلەرنىڭ رەسمىي نۇسخىسىنى بىرلىكتە تەقدىم قىلىش كېرەك.

