



SINCE 1986

Maldives Ports Limited

މާލެ ޕޯޓްސް ލިމިޓެޑް

މާލެ ޕޯޓްސް ލިމިޓެޑް
APPLICATION FORM FOR
MALE' COMMERCIAL HARBOUR ENTRY PASS

DATE: _____ ދިނުމުގެ ދަތުރު:

FORM NO: _____ ފޯމް ނަންބަރު:

1. PERSONAL DETAILS		1. ފަރާތް ގެޑެޓްޕްޓް	
FULL NAME \ PRESENT ADDRESS		ފަނޫނުގެ ނަންމު / ފަނޫނުގެ ހަދުސަތް:	
PERMANENT ADDRESS		ފަނޫނުގެ ހަދުސަތް:	
DATE OF BIRTH	E-MAIL:	SEX:	ދިނުމުގެ ދަތުރު:
PHONE NO:	FAX:	MOBILE:	OFFICE:
NATIONAL IDENTITY CARD \ PASSPORT NO:		މިލިފާން ނަންބަރު / ފަނޫނުގެ ނަންބަރު:	
ORGANIZATION \ DESIGNATION		ފަނޫނުގެ ނަންމު / ފަނޫނުގެ ހަދުސަތް:	
2. ބޭނުންކުރާ ފަނޫނުގެ ނަންބަރު ފަނޫނުގެ ހަދުސަތް:			
މިލިފާން ނަންބަރު / ފަނޫނުގެ ނަންބަރު (ފަނޫނުގެ ހަދުސަތް ފަނޫނުގެ ނަންބަރު)			
މިލިފާން ނަންބަރު / ފަނޫނުގެ ނަންބަރު (ފަނޫނުގެ ހަދުސަތް ފަނޫނުގެ ނަންބަރު)			
މިލިފާން ނަންބަރު (ފަނޫނުގެ ހަދުސަތް ފަނޫނުގެ ނަންބަރު)			
SIGNATURE: _____		ފަނޫނުގެ ނަންމު:	
NAME: _____		ފަނޫނުގެ ހަދުސަތް:	
DESIGNATION: _____		ފަނޫނުގެ ނަންމު:	
(ON BEHALF OF COMPANY)		ފަނޫނުގެ ހަދުސަތް:	
APPLICANT SIGNATURE:		ފަނޫނުގެ ނަންމު:	
PLEASE ISSUE MALE' COMMERCIAL HARBOUR ENTRY PASS FOR THE ABOVE APPLICANT.		DAMAGE <input type="checkbox"/>	
WE / I CERTIFY THAT WE TAKE FULL RESPONSIBILITY FOR THE APPLICANT'S ACTION AT MALE' COMMERCIAL HARBOUR.		LOST <input type="checkbox"/>	
SIGNATURE: _____		FIRST TIME <input type="checkbox"/>	
NAME: _____		RENEW <input type="checkbox"/>	
DESIGNATION: _____		COMPANY CHANGE <input type="checkbox"/>	
COMPANY STAMP		6 MONTH <input type="checkbox"/>	
		1 YEAR <input type="checkbox"/>	
FOR MPL USE			
APPLICATION RECEIVED DATE: _____		CASH RECEIPT NO: _____	
PASS NO: _____		RECEIVED DATE: _____	
ISSUED DATE: _____		CASHIER'S SIGNATURE: _____	
EXPIRY DATE: _____		SIGNATURE: _____	
PERMITTED AREAS: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		AUTHORIZED BY: _____	
PLEASE SUBMIT NATIONAL ID CARD /PASSPORT COPY AND POLICE REPORT FOR THE PRODUCTION AND ISSUE OF THE MALE' COMMERCIAL HARBOUR ENTRY PASS. FOR RENEWAL PLEASE SUBMIT OLD PASS ALONG WITH OTHER DOCUMENTS.			

Tel: +960- 332-9339 | Fax: +960-332-5293 | Email: info@port.com.mv | Website: www.port.com.mv

PTO

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