

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



CIVIL AVIATION DEPARTMENT
MINISTRY OF TRANSPORT AND CIVIL AVIATION
Male'
Republic of Maldives

**APPLICATION FOR APPROVAL AS AN
AIR TRANSPORT SALES AGENT**

1. Identification of Agency

- a) Official Name:.....
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- b) Contact Address: *(include phone, fax, AFTN, SITA, E-mail, URL etc.)*.....
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- c) Postal Address: *(if different from above)*
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- d) Registration number of the company:
- e) Date of Registration:
(attach copies of certificate of registration, memorandum and articles of association of the company)

2. Business Entity and Financial Information

- a) Registered capital:
- b) Paid-up capital:
- c) Are you a:- ☐ public limited company ☐ private limited company
☐ local investment ☐ foreign investment
☐ others *(specify)*

- d) Name(s) of shareholders:
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- e) Financial interest %: (i.e. shareholding)
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- f) Name and titles of principal directors/officers:
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3. Specific Information

- a) Approval sought as:
- ☐ General Sales Agent
- ☐ Passenger Sales Agent
- ☐ Cargo Sales Agent
- b) Give full name and address of air carrier you wish to act as sales agent:
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- (attach a copy of the agreement between your company and the air carrier along with the letter of appointment)*

4. Staff

Give name(s), position or title and work experience of full time and/or part-time staff members (in reference to clause 6.1 of the Rules Governing Air Transport Sales in the Maldives) who will be employed in the agency and who are qualified and competent to sell international air transportation. Please attach relevant training certificate(s).

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5. Premises of Agency Location

- a) Give name, contact/postal address of the agency location for which approval sought, if different from Item 1.

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(attach a copy of approval from Male' Municipality to conduct such activities at the location/premises)

- b) What are the normal business hours and days of the week that the office is open:

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c) Is the agency located in the premises of a commercial firm or organisation:

Yes ☐ No ☐

If yes

d) Give a brief description of other works carried out in the premises:

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6. Security of Traffic Documents and the Premises

Applicants will be required to provide evidence at the time of inspection that they meet the requirements for security of traffic documents and the premises as stipulated in clause 6.3 of the Rules Governing Air Transport Sales in the Maldives.

a) Is there a safe for storage of working stock of traffic documents in the premises?

Yes ☐ No ☐

If yes

b) What is the weight of the safe:

c) Give interior dimensions (if weight unknown)
(height)
(width)
(depth)

d) Is the safe secured to the floor or wall? Yes ☐ No ☐

If no

e) Describe the type of facility you have in the agency for the storage of stocks of traffic documents or other accountable documents in the premises:

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- f) Do you have any off-premises facility for the storage of your reserve stock of traffic documents or other accountable documents. Yes ☐ No ☐

If yes

- g) Describe the facility.
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7. Other Information

- a) Are you a Computer Reservation System (CRS) Subscriber: Yes ☐ No ☐

If no

- b) Who will provide you with CRS facilities:

- c) Give name(s) of participating GDRS in the CRS you will be using:

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- d) Are you an IATA approved agent: Yes ☐ No ☐

If yes:

- e) Specify approval: ☐ GSA ☐ PSA ☐ CSA
☐ Others (*specify*)

- f) Give IATA Numeric Code and the date this was granted:

.....
(attach a copy of approval certificate)

- g) Are you a travel agent: Yes ☐ No ☐

If yes:

- h) Give the registration number:

- i) Date of Registration:

- j) Date travel agency was opened:

(attach a copy of certificate of registration)

k) Do you represent any air carrier in the Maldives: Yes ☐ No ☐

If yes:

l) Give the name(s) of air carrier(s) you represent and precise functions you perform:

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I hereby certify that the foregoing statements (including statements made in attachment hereto) are true and correct to the best of my knowledge and belief, and that I am authorised by the company identified in 1(a) to make these statements and file this document.

Signature Affix official stamp of the company

Name of Applicant

Title

Date

- NB.
1. A separate application is required for each air carrier agency for which approval is sought.
 2. A separate application is required for each agency location for which approval is sought.
 3. If additional space is required for any item, attach additional sheets of paper.