



2.

CAA form no: CAA/ATS/03

## **Application for approval as an Air Transport Sales agents**

	New Application Variation
	Reason for variation: Additional air carrier(s)
	Additional sales office
1	Other (specify)  IDENTIFICATION OF AGENCY/AIR CARRIER  Approval Number (if apply for variation):
••	
a)	Legal Name:
b)	Trade Name: (if different from (a))
c)	Contact Address: (include phone number(s), E-mail, URL, etc)
d)	Postal Address: (if different from (c))
f)	Registration number of the company:
g)	Date of Registration:
	* Attach copies of certificate of registration, Profile Sheet from the Government Business Portal
DII	SINESS ENTITY
ьо	SINESS ENTITY
a)	Are you a:
	Air operator registered in Maldives Sole proprietorship
	Partnership Private limited company
	Public limited company

a) Name(s) of owner/snarer	101ders:
e) Name and titles of prin	cipal directors/officers:
. SPECIFIC INFORMATI	ON (if applying to act as Sales Agent of an air carrier)
a) Give full name and add	lress of air carrier you wish to act as sales agent:
Air carrier 1:	
Air carrier 2:	
All Carrier 2	
b) Approval sought as:	
A : C 1 .	
Air Carrier 1:	GSSA GSA PSA CSA NDC
Air Carrier 2:	☐ GSSA ☐ GSA ☐ PSA ☐ CSA ☐ NDC
7 m Currier 2.	G33/K G3/K 13/K G3/K NDC
	ement between your company and the air carrier along with the letter of appointment
* If additional space is requ	ired for this item, attach additional sheets of paper

- PSA means Passenger Sales Agent
  CSA means Cargo Sales Agent
  NDC means IATA New Distribution Capability

## 4. STAFF

	MCAR-251.B.15 (b) of the MCAR-251 International Air Transport Sales) who will be employed in the agency and who a qualified and competent to sell international air transportation. Please attach relevant training certificate(s).
	qualified and competent to sentificernational air transportation. Flease attach relevant training certificate(s).
	EMISES OF AGENCY/AIR CARRIER LOCATION  Give name, contact/postal address of the agency location for which approval sought (include phone number(s) and E-
)	
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b)	Give name, contact/postal address of the agency location for which approval sought (include phone number(s) and E-

6.	OTI	OTHER INFORMATION (if applying to act as Sales Agent of an air carrier)				
	a)	Who will provide you booking platform:				
	b)	Are you a Computer Reservation System (CRS) Subscriber: Yes No				
		If no				
c) Who will provide you with CRS facilities:						
	c)	Give name(s) of participating GDRS in the CRS you will be using:				
	d)	Are you an IATA approved agent: Yes No				
	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:						
I	Ы	Do you represent any air carrier in the Maldives: Yes No				
	k)					
		If yes:				
	l)	Give the name(s) of air carrier(s) you represent and precise functions you perform:				

best of my knowledge and belief, and that I am authorized by the company identified in 1(a) to make the file this document.	hese statements and
Signature: Affix official Stamp of the company	
Name of applicant:	
Contact (phone number, E-mail):	
Position/Title:  Date:	

I hereby certify that the foregoing statements (including statements made in attachment hereto) are true and correct to the

SUBMISSION AND PAYMENT INSTRUCTION							
<ul> <li>Submit the completed application form to Maldives Civil Aviation Authority, together with "application processing fee' MVR/US \$ being payable in accordance with MCAR-251 Air Transport Sales.</li> <li>Cheques should be made payable to 'Maldives Civil Aviation Authority' and cheques should be drawn on a bank in the United States of America or a bank in the Maldives. If the person wishes to pay by Telex Transfer, the bank details of MCAA is available upon request.</li> </ul>							
MCAA use only	Receipt/Invoice Number:	Date:					
GUIDANCE NOTE							
<ul> <li>A separate application is required for each agency's location for which approval is sought.</li> <li>If additional space is required for any item, attach additional sheets of paper.</li> <li>Your application form will be returned if you do not supply all the necessary information and/or the correct application processing fee.</li> <li>Accountable person must be a person listed as a director of that organization in the Maldives Business Registry (https://business.egov.mv/BusinessRegistry) or a person who is authorized to sign the documents on behalf of the entity.</li> </ul>							
Supporting docun	Supporting documents check list						
Copy of certifica	te of Business registration,						
Copy of latest bu	usiness Profile Sheet from the Government Business Portal, along with the verific	ation code;					
Copy of the agre	Copy of the agreement between your company and air carrier						
Copy of the letter of appointment (must be submitted by air carrier)							
Copy of relevant training certificate(s)							
Copy of IATA approval certificate (If IATA registered)							
Copy of travel a	Copy of travel agency certificate of registration (If registered as a travel agency)						