

CIVIL AVIATION DEPARTMENT MINISTRY OF TRANSPORT AND CIVIL AVIATION

Male' Republic of Maldives

APPLICATION FOR APPROVAL AS AN AIR TRANSPORT SALES AGENT

1.

b)

c)

Identification of Agency

	a)	Official Name:
	b)	Contact Address: (include phone, fax, AFTN, SITA, E-mail, URL etc.)
	c)	Postal Address: (if different from above)
	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.	Busi	ness Entity and Financial Information
	a)	Registered capital:

Paid-up capital:

private limited company

foreign investment

others (specify)

Are you a:- public limited company

local investment

	d)	Name(s) of shareholders:
	e)	Financial interest %: (i.e. shareholding)
	f)	Name and titles of principal directors/officers:
3.	Spe	cific Information
	a)	Approval sought as:
		General Sales Agent
		Passenger Sales Agent Cargo Sales Agent
		Cargo Sales Agent
	b)	Give full name and address of air carrier you wish to act as sales agent:
		(attach a copy of the agreement between your company and the air carrier along with the letter of
		appointment)

4. Staff

attach relevant training certificate(s).
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from Item 1
(attach a copy of approval from Male' Municipality to conduct such activities at the location/pre
What are the normal business hours and days of the week that the office is open:

c)	Is the agency located in the premises of a commercial firm or organisation: Yes No No			
If yes d) Give a brief description of other works carried out in the premises:				
,				
Secu	urity 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 No			
If ye				
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			
Ifno				
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:			
	<u>, </u>			

6.

	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.
7.	Othe	er Information
	a)	Are you a Computer Reservation System (CRS) Subscriber: Yes No
	If no	Who will provide you with CDS facilities:
	b)	Who will provide you with CRS facilities:
	c)	Give name(s) of participating GDRS in the CRS you will be using:
	d) If yes	Are you an IATA approved agent: Yes No
	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) If yes	Are you a travel agent: Yes No
	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 ye	
1)	Give the name(s) of air carrier(s) you represent and precise functions you perform:
-	rtify that the foregoing statements (including statements made in attachment hereto) are true and he best of my knowledge and belief, and that I am authorised by the company identified in 1(a)
	ese statements and file this document.
	Applicant
Dail	

- 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.