



CAA form no: CAA/ATS/03

		Application for approval as all All Transport Sales agents					
		☐ New A	Application	Variation/ Amendment			
			ii) Information ch				
	1.	1. IDENTIFICATION OF AGENCY/AIR CARRIER					
	a)	a) Legal Name:					
	b)	b) Trade Name: (if different from (a))					
	c)	c) Contact Address: (include phone, fax, E-mail, URL, etc)					
	d)	d) Postal Address: (<i>if different from (c)</i>)					
	u)	u) Fostal Address. (ij dijjerent from (c))					
	f)	f) Registration number of the company:					
	g)	g) Date of Registration: ** attach copies of certificate of registration, memorandum and articles of association of the					
		,	F - J				
2.	BU	BUSINESS ENTITY AND FINANCIAL INFORMATION					
	a)	a) Registered capital:					
	b)	b) Paid-up capital:					
	c)	c) Are you a:					

Air operator registered in Maldives Sole proprietorship

Private limited company

Others (specify).....

Partnership

Public limited company

Financial interest % (i.e. shareholding) Name and titles of principal directors/officers: SPECIFIC INFORMATION (if applying to act as Sales Agent of an air carrier) Give full name and address of air carrier you wish to act as sales agent: Air carrier 1: Air carrier 2:	Name and titles of principal directors/officers: SPECIFIC INFORMATION (if applying to act as Sales Agent of an air carrier) Give full name and address of air carrier you wish to act as sales agent: Air carrier 1: Air carrier 2: Air carrier 2:	Νā	ame(s) of owner/shareholde	rs:		
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Approval sought as:	Air Carrier 1: General Sales Agent Passenger Sales Agent Cargo Sales A		Give full name and address of	of air carrier you wish to act as	s sales agent:	
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The Currier 1. Cargo sales Agent	Air Carrier 2: General Sales Agent Passenger Sales Agent Cargo Sales A		Air carrier 1:	of air carrier you wish to act as	s sales agent:	☐ Cargo Sales Agent

^{*} attach a copy of the agreement between your company and the air carrier along with the letter of appointment * If additional space is required for this item, attach additional sheets of paper

4. STAFF

	qualified and competent to sell international air transportation. Please attach relevant training certificate(s).
	Give name, contact/postal address of the agency location for which approval sought (include phone, fax and E-mail);
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	Give name, contact/postal address of the agency location for which approval sought (include phone, fax and E-mail); What are the normal business hours and days of the week that the office is open?
	Give name, contact/postal address of the agency location for which approval sought (include phone, fax and E-mail); What are the normal business hours and days of the week that the office is open? Is the agency located in the premises of a commercial firm or organization?
	Give name, contact/postal address of the agency location for which approval sought (include phone, fax and E-mail); What are the normal business hours and days of the week that the office is open? Is the agency located in the premises of a commercial firm or organization? Yes No
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)	Give name, contact/postal address of the agency location for which approval sought (include phone, fax and E-mail); What are the normal business hours and days of the week that the office is open? Is the agency located in the premises of a commercial firm or organization? Yes No
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6. SECURITY OF TRAFFIC DOCUMENTS AND THE LOCATION/PREMIS

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 2.5 (c) of the Rules Governing Air Transport Sales in the Maldives. Is there a safe for storage of working stock of traffic documents in the premises? No OTHER INFORMATION (if applying to act as Sales Agent of an air carrier) No Yes Are you a Computer Reservation System (CRS) Subscriber: If no Who will provide you with CRS facilities: Give name(s) of participating GDRS in the CRS you will be using: d) Are you an IATA approved agent: Yes If yes GSA Specify approval: Others (specify)..... Give IATA Numeric Code and the date this was granted: (Attach a copy of approval certificate) Yes Are you a travel agent: No If yes Give the registration number: Date of Registration: Date travel agency was opened: (Attach a copy of certificate of registration) Do you represent any air carrier in the Maldives: Yes No If yes: Give the name(s) of air carrier(s) you represent and precise functions you perform:

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best of my knowledge and belief, and that I am authorized by the company identified in 1(a) to make t	hese statements and
file this document.	
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							
•	 Submit the completed application form to Maldives Civil Aviation Authority, together with "application processing fee" MVR/US \$ being payable in accordance with Air transport Circular: AT 02/07 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. 						
МС	AA use only	Receipt/Invoice Number:	Date:				
GU	IDANCE NOTE						
•	If additional space is required for any item, attach additional sheets of paper.						
Supporting documents check list Copy of certificate of Business registration, Copy of Memorandum and articles of association of the company Copy of the agreement between your company and air carrier Copy of the letter of appointment Copy of relevant training certificate(s) Copy of IATA approval certificate (If IATA registered)							
	Copy of travel agency certificate of registration (If registered as a travel agency)						