

2007 : 25

(1) 2007 : 25

(2) 2007 : 25

(3) 2007 : 25

(4) 2007 : 25

(5) 2007 : 25

(6) 2007 : 25

(7) 2007 : 25

(8) 2007 : 25

(9) 2007 : 25

(10) 2007 : 25

(11) 2007 : 25

(12) 2007 : 25

(13) 2007 : 25

(4) 4 : 1

(5) 4 : 1

(6) 4 : 1

(7) 4 : 1

(8) 4 : 1

(9) 4 : 1

4 : 1

4 : 1

(10) 4 : 1

(11) 4 : 1

(12) 4 : 1

45 : 45

1. 45 : 45

2. 45 : 45

3. 45 : 45

4. 45 : 45

5. (a) 45 : 45

45 : 45

(b) 45 : 45

(c) 45 : 45

6. 45 : 45

45 : 45

(a) 45 : 45

... 2007 : 25

(a) ...

(b) ...

(c) ...

(d) ...

(e) ...

(f) ...

(g) ...

(h) ...

(i) ...

7. (a) ...

100 : 100

100 : 100

10

100 : 100

100 : 100

11

(A)

100 : 100

(B)

100 : 100

(C)

100 : 100

(D)

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100 : 100

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(س) 2007 : 25
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**IMMIGRATION SEAPORT CONTROL
MALDIVES IMMIGRATION
REPUBLIC OF MALDIVES**

Tel: +960 3330417, +960 3330474 Fax: +960 3340564, E-mail: harbour@immigration.gov.mv, Web: www.immigration.gov.mv

ESTIMATED TIME OF ARRIVAL (ETA) NOTICE

VESSEL INFORMATION					
Vessel Name		Owner of the vessel		GT	
Registry Number		Air Draft		NT	
Flag Country		Keel Laid (Build year)		Max. Draft (Meters)	
Port of Registry		IMO Number		LOA (Meters)	
Call Sign		Bow Thruster		Arrival Draft (Meters)	
Voyage No.		Preferred Berth		Beam	
Purpose of Visit		MMSI Number		Arrival Displacement	
Type of Vessel		No. of Crew		No. of Passengers	
CARGO INFORMATION					
Total Cargo Onboard Tonnage		Dangerous Cargo Description		Dangerous Cargo Tonnage	
No. of Containers		TEU		Weapons/Firearms Onboard	
MASTER INFORMATION					
Name of the Master		Nationality		Passport No.	
ARRIVAL / DEPARTURE INFORMATION					
Last Port		Next Port			
Arrival Port		Excepted Arrival Date & Time			
Departure Port		Expected Departure Date & Time			
AGENT INFORMATION					
Agent Name:		Address:			
Fax:		Tel:		Contact :	
				Mobile No.	

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ARRIVAL / DEPARTURE DECLARATION FORM

ARRIVAL
 DEPARTURE

Tick in the appropriate box

PLEASE FILL THIS FORM IN BLOCK LETTERS

VESSEL PARTICULARS			
VESSEL NAME:		REGISTRATION NO:	
FLAG COUNTRY:	REGISTERED PORT:	VESSEL TYPE:	
OWNER OF THE VESSEL:		REGISTRY DATE:	

MASTER'S INFORMATION	
NAME:	DOCUMENT NO:
EXPIRY DATE:	NATIONALITY:

VOYAGE INFORMATION		
ARRIVAL		
LAST PORT:	ARRIVED DATE:	TIME OF ANCHORAGE:
PORT OF ENTRY:	PURPOSE OF STAY:	DURATION OF STAY:
DEPARTURE		
NEXT PORT:	DEPARTURE DATE:	DEPARTURE PORT:

CREW AND PASSENGERS' INFORMATIONS		
	CREW	PASSENGER
TOTAL NUMBER OF MALDIVIANS		
TOTAL NUMBER OF FOREIGNERS		

I MASTER OF CERTIFY THAT THE ABOVE INFORMATION IS IN THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE IN EVERY PARTICULAR AND THAT THERE ARE NO STOWAYS, UNAAUTHORISED PERSONS OR PORTEES BOARD MY VESSEL ON **ARRIVAL AND DEPARTURE** FROM MALDIVES.

LOCAL AGENT SIGN

MASTER'S SIGN

SHIP'S STAMP

NOTE: Along with this Declaration Master of the vessel should submit the last port departure crew and passenger list stamped by the Immigration to the onboard officer.

IMMIGRATION USE ONLY	
NAME:	STAMP
DESIGNATION:	
DATE:	
TIME:	
SIGNATURE:	

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SIGN-ON, SIGN-OFF AND CREW TRANSFER DECLARATION

*(Please TICK where appropriate)

SIGN-ON

SIGN-OFF

CREW TRANSFER

No	Name	Passport No	Nationality	D.O.B	Purpose	Duration
1						
2						
3						
4						
5						
6						
7						
8						

Date of Arrival:	Flight No:
Sign on to Vessel:	Transferred to Vessel:

Sponsored by:

Company Name:	Reg. No:	Seal of the company
I /We here by agree to take full responsibility of above listed person(s) during their stay in Maldives and ensure to conduct matters in accordance with the Immigration Laws and Regulations of the Republic of Maldives.		
Sponsor's Signature:	Contact No: Date:	

IMMIGRATION USE ONLY	
Name:	
Designation:	
Signature: Date:	
<i>Please grant 7 days for crew and 30 days for others , if a person met the arrival criteria</i>	

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OFF PORT LIMIT (OPL) / OFF SHORE CLEARANCE

Vessel Name:		Registration No:	
Nationality of Ship:		Last port:	
Date of Arrival:		Next port:	

SIGN ON

No	Name	DOB	Nationality	Passport No	Expiry Date
1					
2					
3					
4					
5					
6					
7					
8					

SIGN OFF

No	Name	DOB	Nationality	Passport No	Expiry Date
1					
2					
3					
4					
5					
6					
7					
8					

Agent / Company	
Name:	
Designation:	
Date:	

The aforementioned crew members are signed on/off from Maldives immigration seaport control unit as they call Off Port Limit (OPL) or Off shore of Maldives

OFFICIAL USE

Name:				
Designation:				
Date:				
No of Sign-on/ Sign-off:	Number of Crew		Number of Passenger	

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**APPLICATION FORM FOR MOBILIZING AN IMMIGRATION OFFICER
TO AN UNAUTHORIZED PORT**

APPLICANT'S DETAILS

NAME OF THE COMPANY / AGENT:		
ADDRESS IN DETAIL:		
SIGNATURE:	CONTACT:	DATE: / /

VESSEL INFORMATION

VESSEL NAME:	OWNER OF THE VESSEL:
REGISTRATION NO:	DATE OF ENTRY: / /
REGISTERED PORT:	PORT OF ENTRY/EXIT:
LAST PORT:	LOCAL AGENT:

PURPOSE OF REQUEST

ENTRY CLEARANCE	ENTRY AND EXIT CLEARANCE
DEPARTURE CLEARANCE	NUMBER OF DAYS REQUIRED

IMMIGRATION USE ONLY

APPROVED BY:	STAMP
DESIGNATION:	
SIGN:	
DATE:	

OFFICER'S INFORMATION

OFFICER'S NAME:
OFFICER'S DESIGNATION:
RECORD CARD NUMBER:

دے دیں اور ہرگز نہیں ہٹائیں گے۔ ان کی قوموں کو ان کی قوموں سے جدا کر دے گا۔



پہلی شہر کی خبریں اور سنیوں کی خبریں - پندرہ بجے سے دو بجے تک، رات 1:00 سے 3:30 بجے تک، رات 4:00 سے

رات 4:00 سے 11:00 بجے تک، رات 11:30 سے 3:30 بجے تک، رات 4:00 سے

رات 4:00 سے 3:30 بجے تک - رات 4:00 سے



رات 7:00 سے 7:45 بجے تک