

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



**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

**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 INFORMATIONS		
<b>ARRIVAL</b>		
LAST PORT:	ARRIVED DATE:	TIME OF ANCHORAGE:
PORT OF ENTRY:	PURPOSE OF STAY:	DURATION OF STAY:
<b>DEPARTURE</b>		
NEXT PORT:	DEPARTURE DATE:	DEPARTURE PORT:

CREW AND PASSENGERSINFORMATIONS		
	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 Deceleration 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:	