



**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

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>	

