



**HANIFARU TOUR GUIDE REGISTRATION FORM** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

Complete the application form clearly using "BLOCK LETTERS" and "BLUE/BLACK INK" only. Tick appropriately, where required.  
ފޯމް ފުރިހަމަކުރުމަށް ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް ފުރިހަމަކުރުމަށް "BLOCK LETTERS" އަދި "BLUE/BLACK INK" ގެ ބޭނުން ކުރުމަށް އެދިފައިވާއިރު، ބޭނުންކުރަންޖެހޭ ތަންތަން ފަށަފަށަން ފޯމް ފުރިހަމަކުރުމަށް އެދިފައިވާއިރު.

**01. Applicant Information** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

Title: Mr. [ ] Ms. [ ] Mrs. [ ] Gender: Male [ ] Female [ ] Nationality: Date of Birth:  
Full Name: ID No:  
Passport No: (foreigners only) Work Permit No: (foreigners only)

**02. Address for Correspondence (Please give contact details where you can be contacted when a decision is reached)** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

Current Address: Email Address:  
Home No: Work No: Mobile No: Fax No:

**03. Employment Records (Please provide details of work experience)** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

Current Designation: Duration:  
Company [ ] Organization [ ] Name: Contact No:

**04. Referees (Applicant must include two [2] referees as per application formation)** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

1st Referees Name: Contact No:  
Designation: Email:  
Company/Organization:  
2nd Referees Name: Contact No:  
Designation: Email:  
Company/Organization:

**05. Documentary Evidence (Please check if you have attached the following documents, if not it will be rejected)** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

- 01. Copy of Identification Card: [ ] 05. Certified copy of Qualification: [ ]
- 02. Copy of Passport (Foreigners Only): [ ] 06. Two (2) passport size photo, One (1) attached to this form: [ ]
- 03. Copy of Work Permit (Foreigners Only): [ ] 07. Application fee of Mrf 300/- (Three hundred) [ ]
- 04. Curriculum Vitae/Resume: [ ]

**06. Applicant's Declaration** ފަންނަފަރުވާ ރިޖިސްޓްރޭޝަން ފޯމް

I certify that the statements made in this application for "Hanifaruru Tour Guide" are true, complete and correct to the best of my knowledge. I understand that provision of false or/and misleading information will result in cancellation of registration certificate.

Full Name: Date:

For Office Use Only  
Received by (Full Name):  
Received Time:  
Received Date:  
Signature:  
Form Number:  
Office Stamp