



## SEAFARER SPONSORSHIP DECLARATION FORM

[ TO BE FILLED IN CAPITAL LETTERS ]

[ PLEASE TICK WHERE APPROPRIATE ]      SIGN ON       SIGN OFF       CREW TRANSFER

[ ATTACH LIST IF ADDITIONAL SPACE IS REQUIRED ]

DETAILS					
#	Full Name	Passport Number	Date of Birth	Nationality	Position / Title
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

VESSEL / FLT DETAILS	
Vessel Name <input type="text"/>	Arrival / Departure Flt No. <input type="text"/>
Transferred to Vessel <input type="text"/>	Date of Arrival / Departure <input type="text"/>
IMO No: <input type="text"/>	Total No. of Crew on board <input type="text"/>
Reg No: <input type="text"/>	Total number of persons for which life-saving appliances are provided: <input type="text"/>

LOCAL AGENT DETAILS	
Vessel Agent / Company Name <input type="text"/>	Seal <input type="text"/>
Email / Contact No. <input type="text"/>	
Full Name <input type="text"/>	
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 Law and Regulation of the Republic of Maldives.	Signature <input type="text"/>