

١٨. (ر) ٢٤ (سورة يوسف) في قوله
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

(س) ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

١٩. (ر) ٣ (سورة يوسف) في قوله
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

(س) ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

٢٠. (ر) ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

(س) ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

٢١. (ر) ٢ (سورة يوسف) في قوله
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

٢٢. (ر) ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾
 ﴿وَلَمَّا نَسُوا مَا كَانُوا يَفْعَلُونَ﴾

ڊوڪٽر ڄڻو

28.

ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

ڊوڪٽر

29.

ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ا) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

(ب) "ڊوڪٽر ڄڻو" ڊوڪٽر ڄڻو، ڊوڪٽر ڄڻو ڊوڪٽر ڄڻو.

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



LCA -01

1 ވަނަ ބައި

Ministry of Defence and National Security
Male
Republic of Maldives.

މިނިސްޓްރީ އޮފް ޑިފެންޑް އަންދު ނޭޝަނަލް ސެކިއުރިޓީ
މާލެ
ދިވެހިރާއްޖެ.

Application for Local Coordinating Agent Registration

މިއަހަރުގެ ލިޔެކިޔުންތަކުގެ ތެރޭގައި ބައިވެރިވުމަށް ދަށުގައި ވާ ފޯމް ފުރިހަމަކުރުމަށް ބޭނުންވާ ފަރާތްތަކަށް ބޭނުންކުރާ ފޯމް

1. Name (to be written in Dhivehi and English)

1. ނަންމު (ދިވެހިރާއްޖޭގެ ބަހުން އަދި ޔުއެކްޝަން ބަހުން ލިޔެ ވާނެ)

English: _____
ދިވެހި: _____

Address: _____ ހަދަންޖެހޭ ހަދަންޖެހޭ ހަދަންޖެހޭ
Phone / Mobile No.: _____ ފޯން ނަންބަރު / މޮބައިލް ނަންބަރު
E-mail Address: _____ ީމެއިލް އެޑްރެސް
Registration No.: _____ ރިޖިސްޓްރޭޝަން ނަންބަރު
Registration Date: _____ ރިޖިސްޓްރޭޝަން ތާރީޚު

2. Details of shareholders

2. ޕާޓްނަރުގެ ފަޞްލާތުގެ ފަޞްލާތު

Name ނަންމު	National I.D Card No. ޖިނީސަރުކާރުގެ ލިޔެކިޔުމުގެ ނަންބަރު	No. of shares ޕާޓްނަރުގެ ޕާޝާއުގެ ޕާޝާއު	Sign ސަފްޔު

3. Details of Directors

3. ޕްރޮޑިއުސަރުގެ ފަޞްލާތުގެ ފަޞްލާތު

Name ނަންމު	National I.D Card No. ޖިނީސަރުކާރުގެ ލިޔެކިޔުމުގެ ނަންބަރު	Designation ޕްރޮޑިއުސަރުގެ ޕްރޮޑިއުސަރުގެ ޕްރޮޑިއުސަރު	Sign ސަފްޔު

4. Details of Local Coordinating Agent Representatives

4. ٤٧

Name سَمِي	National I.D Card No. ٤٧	Permanent Address ٤٧

5. Details of the Managing Director

5. ٤٧

Name سَمِي	National I.D Card No. ٤٧	Permanent Address ٤٧

6. Details of Local Coordinating Agency Secretary

6. ٤٧

Name سَمِي	National I.D Card No. ٤٧	Permanent Address ٤٧

7. Seal of the Local Coordinating Agency

7. ٤٧

8. Registered Address of Local Coordinating Agency

8. ٤٧

--	--

9. Authorized Capital

9. ٤٧

Authorized Capital (MVR) ٤٧	No. of shares ٤٧	Share Value ٤٧

10. Does the company have any foreign shareholder?

() Yes () No

10. Does the company have any foreign shareholder

(a) Yes () (b) No ()

.../.../...: ...

...: ...

Table with 2 columns: Documents to be Submitted (English) and corresponding checkboxes (Arabic). Includes items like Memorandum and Articles, National I.D. Card Copy, etc.

...: ...

...

...

...

...

جُزء 2

گہری ترین سمندر کی سطح پر

نئی پئی کی شرح	دست لگاؤ
15000/- (پندرہ ہزار روپے) گہری ترین سمندر کی سطح پر - 25000/- (تیس ہزار روپے)	لکڑی کی سیرنگ اور دیگر آلات کی مرمت
2500/- (تین ہزار روپے) گہری ترین سمندر کی سطح پر - 10000/- (دس ہزار روپے)	پوری کوریج کے ساتھ دیگر آلات کی مرمت
12000/- (دس ہزار روپے) گہری ترین سمندر کی سطح پر - 20000/- (دو لاکھ روپے) گہری ترین سمندر کی سطح پر (30 کھجورے)	گہری ترین سمندر کی سطح پر لکڑی کی سیرنگ اور دیگر آلات کی مرمت



Ministry of Defence and National Security
Male'
Republic of Maldives.

TFA FORM-1A

3 ވަނަ ބައި

Form No: MDNS-DSCS/TFA/20 ___ / _____

Application for Permit of Transit of Firearms and Ammunitions through Maldives by Sea

For Applicant's Use

LCA Name:	LCA Permit No.:	
LCA Contact Person:	LCA Contact No.:	LCA Email:

PMSC Details

Company Name:	Country of Registration:
Registry No.:	NOL No.:

Purpose of transit of fire arms and ammunitions:

To provide maritime security to (vessel name), which is scheduled to arrive/depart the port of Male' on (date)

To take back the weapons and ammunitions on completion of anti-piracy operations

If transit of weapons by air

Name of Airline:	Flight No.:	ETA:	AWB Number.:
Port of embarkation:	Transiting airports(s) Country State(s):		

If transit of weapons by sea

Name of Vessel:	IMO No.:	Registry No.:	Flag State:
Call sign:	Country of Registration:	Vessel Owner:	Vessel Operator:
Charter Party:	Vessel Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Private	Vessel Length:	Vessel Draught:
Stopovers or Anchorage prior to the visit:			
Last Port of Call:	ETA:	ETD:	Next Port of Call:
Stopovers or anchorages prior to the visit:			

If the weapons and ammunitions are under the safe custody of MNDF:

Weapons brought by (vessel/aircraft)	Weapons brought date:	Under which LCA:
--------------------------------------	-----------------------	------------------

Weapons details:

Please fill the serial number of the weapons and complete the details in the TFA FORM-03:
Weapon serial numbers:

Supporting documents required

<input type="checkbox"/> End User Certificate	<input type="checkbox"/> Weapon License	<input type="checkbox"/> PMSC Letter
<input type="checkbox"/> TFA FORM-02	<input type="checkbox"/> TFA FORM-03	<input type="checkbox"/> PCASP Registration Documents

*End User Certificates must be approved by the government authority (signed and stamped)

I/We declare that the foregoing particulars and information furnished in this application form are true, accurate and complete. I/We understand that if it is subsequently discovered that any particulars or information contained herewith is false or misleading, the ministry holds the right to reject this application.

Name: _____ **Date:** _____ **Signature:** _____ **Stamp:** _____

For official use only:

The Ministry of Defence and National Security permits the above mentioned fire arms and ammunitions to be transited through Maldives in accordance with Maldives Law number 4/75, and the regulations 2011/R-34 and 2012/R-3, for providing maritime security to the above mentioned vessel or carriage back to another port on completion of anti-piracy operations. **As the authorized Local Coordinating Agent for the above mentioned PMSC, the LCA is responsible on behalf of the PMSC to coordinate with all relevant government authorities for obtaining other necessary approvals, and ensuring the vessel's compliance to the above mentioned law and regulations.**

Name: _____ **Designation:** Minister of Defence & National Security **Signature:** _____ **Stamp:** _____

TO: LOCAL COORDINATING AGENT
CC: MALDIVES CUSTOMS SERVICE, MNDF MALE' AREA, MNDF ORDANANCE SERVICE



TFA FORM-02

3 ވަނަ ބައި

Ministry of Defence and National Security
 Male'
 Republic of Maldives.

Weapon Details

Item No.	Type and Name	Category	Quantity	Caliber	Weapon Serial No.:	Weapon License No.:	Country of Manufacture
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					
		<input type="checkbox"/> A <input type="checkbox"/> B					

[Company Stamp] _____

Type:
 Category A; Pistol, Revolver
 Category B; Submachine gun, Rifle, Shotgun, Carbine

* Please use additional forms if required

Signature:
Name:
Date:

Page _____ of _____



TFA FORM-03

3 ވަނަ ބައި

Ministry of Defence and National Security
 Male'
 Republic of Maldives.

Privately Contracted Armed Security Personnel (PCASP) Details

#	Name	Passport No.	Registered Country	Nationality	Change of Nationality within last 5 years

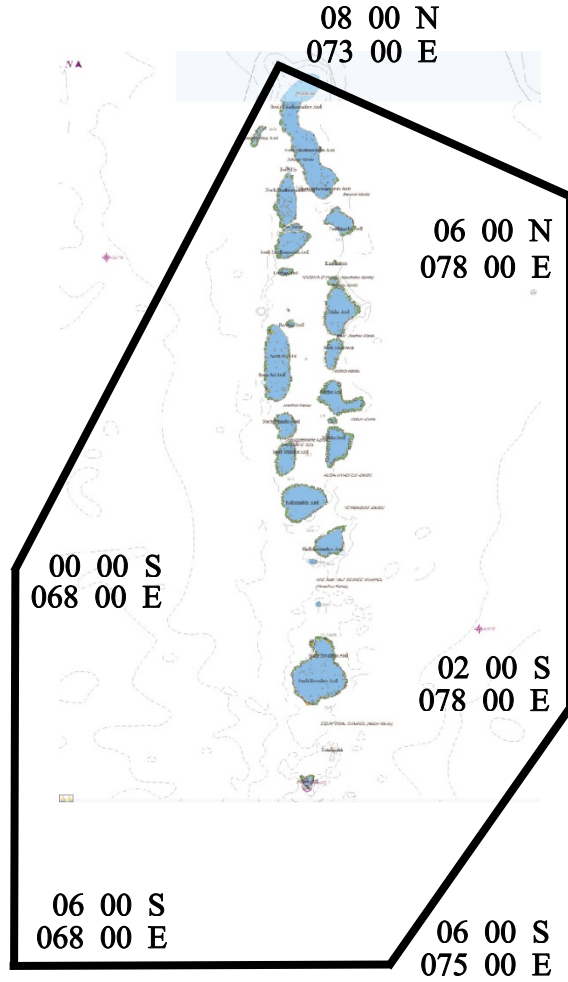
* PCSAP must be registered to a PMSC and valid documents from the PMSC should be submitted in support of this application

Signature:
Name:
Designation:

[Company Stamp]

حَجَّ قَرُوْرُو 4

چَرْخُورِ سَمَوِيّ ۽ دَرِيّ سَمَوِيّ رُؤْيُوْر نِيْرُوْرُوْرِيّ (رُؤْيُوْر رُؤْيُوْر رُؤْيُوْر)



Ministry of Defence and National Security
Male'
Republic of Maldives.



TFA FORM-1B

5 ވަނަ ބައި

Form No: MDNS-DSCS/TFA/20 ___ / ___

Application for Permit of Transit of Firearms and Ammunitions through Maldives by Air

For Applicant's Use

LCA Name:		LCA Permit No.:	
LCA Contact Person:	LCA Contact No.:	LCA Email:	

PMSC Details

Company Name:	Country of Registration:
Registry No.:	NOL No.:

Purpose of transit of fire arms and ammunitions:

<input type="checkbox"/> To provide maritime security to (vessel name), which is scheduled to arrive/depart the port of Male' on (date)
<input type="checkbox"/> To take back the weapons and ammunitions on completion of anti-piracy operations

Weapon Arrival / Departure info

Arriving Airline/ Flight No.:	ETA:	ETA:	AWB Number:
Port of Embarkation:	Transiting Airports(s)	Country/State(s):	
Airway Bill No.:			

Firearms and ammunition receiver details:

Name:	Country/State(s):	Designation:
Passport No. / National Identification No.:		
(Please attach a copy of passport/National Identification Document)		

If the weapons and ammunitions are under the MNDF safe custody:

Weapons brought by (aircraft)	Weapons brought date:	Under which LCA:
-------------------------------	-----------------------	------------------

Weapons details:

Please fill the serial number of the weapons and complete the details in the TFA FORM -03:
Weapon serial numbers:

Supporting documents required

<input type="checkbox"/> End User Certificate	<input type="checkbox"/> Weapon License	<input type="checkbox"/> PMSC Letter
<input type="checkbox"/> TFA FORM-02	<input type="checkbox"/> TFA FORM-03	<input type="checkbox"/> PCASP Registration Documents

*End User Certificates must be approved by the government authority (signed and stamped)

I/We declare that the foregoing particulars and information furnished in this application form are true, accurate and complete. I/We understand that if it is subsequently discovered that any particulars or information contained herewith is false or misleading, the ministry holds the right to reject this application.

Name: Date: Signature: Stamp:

For official use only:

The Ministry of Defence and National Security permits the above mentioned fire arms and ammunitions to be transited through Maldives in accordance with Maldives Law number 4/75, and the regulations 2011/R-34 and 2012/R-3, for providing maritime security to the above mentioned vessel or carriage back to another port on completion of anti-piracy operations. As the authorized Local Coordinating Agent for the above mentioned PMSC, the LCA is responsible on behalf of the PMSC to coordinate with all relevant government authorities for obtaining other necessary approvals, and ensuring the vessel's compliance to the above mentioned law and regulations.			
Name:	Designation:	Signature:	Stamp:

TO: LOCAL COORDINATING AGENT
CC: MALDIVES CUSTOMS SERVICE, MNDF MALE' AREA, MNDF ORDAN