APPLICATION FORM FOR TRAVELLING ZOO, EXHIBITION AND MENAGERIE

REISTRATION



CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA



CITES MANAGEMENT AUTHORITY
Ministry of Climate Change, Environment and Energy
Male', Republic of Maldives.

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1.PERMIT APPLICATION									
1a1. Application no: (Office use only)		1a2. Type of Permit: (*Please check one of the following. A separate application is required for each type of permit.)							
		Traveling zoo			Menagerie				
		Exhibition			Gift, Edu	cation or Research			
		Other (plea							
2. INFORMATION OF APPLICANT									
2a1. Applicant type	Maldivian	ns (Individual)	Foreigners (Indivi	idual)	Bu	siness/Organisation			
2a2. Name: (*Please enter both the full name the business/organization for all 'Business/Organization' in 2a.1,	oplicants selected								
2a3. National ID Card No:/ Passport No:/ Business Registration No: (*Please enter the appropriate according to 2a.1)									
2a4. Address:									
2a5. Atoll & Island name/ Country & Street name: (*Atoll/island name for applicants based in Maldives, Country/Street name for others)									
2a6. Postal Code		2a7. Telephone:		2a8. Mob	ile				
2a9. Email			2a10.Website:		1				
	3. FA(CILITY/ OPERA	TION REGISTR	RATION					
3a1. Name of owner									
3a2. Name of manager (if different from owner)									
3a3. Name of the facility/ operation:									
3a4. Date of establishment of facility/ operation:									
3a5. Address									
3a6. Atoll & Island no Country & Street nan									
2a7. Postal Code		2a8. Telephone:		2a9. Mol	oile				
2a10.Email	.Email		2a11.Website:						
4. SPECIES LIST									
4a1.Latin Name (genus, species, and sub-species)			4a2. Common Name	е					
If you do not have enough space	e in the table above, attach and	other sheet to provide additional	l information.						

5. PERCENTAGE OF MORTALITY Provide information for a minimum of the last five years or since the establishment of the operation.								
5a1. Year	5a2. Specimen	5a3.Sex	5a4.Age	5a5.Origin	5a6.Cause of Death			
		(DEDI	DODUCTIO	ANT.				
6. REPRODUCTION Provide information for a minimum of the last five years or since the establishment of the operation.								
Describe the method used for each of the species were produced to the second generation (F2) in the captive breeding operation. If the establishment only produced first generation specimens for the species, provide summary showing that the breeding methods used are the same or similar to those that have resulted in second generation offspring elsewhere.								
	7. ANNUAL PRODUCTION							
Specify the annual p 7a1. Year	Specify the annual production during the last 5 years (if possible), the current productive 7a1. Year 7a2. Total Progeny 7a3. Number of reproductive							
	5 ,	females	^	7a3. Reasons for loss or death				
I., J: 4h	:		NEEDS	cimens with specimens bred in	4:-:4 6: 41:13			
9. MARKING (where applicable)								
Only for animals: Descr		marking (bands, tag		ed for the breeding stock, the o	ffspring, and the specimens to			
	10. FACILITIES							
Describe the facilities used to house the current and future stock as well as the security measures in place to prevent escape or theft of animals. Provide information on the number and size of enclosures used for reproduction and breeding, the facilities used to incubate eggs, the production or provision of food, the availability of veterinary services, and the maintenance of data. (add photos if possible)								
11. CONSERVATION								
Describe (if any) ti	Describe (if any) the strategies or activities of the operation that contribute to improved conservation of wild populations of the species.							

12. HUMANE CARE						
Specify how the operation is carried out at a	ill stages in a humane (non-cruel) manner.					
6. CHECKLIST						
Registration of Company/Organization (For Businesses &	Registration of Company/Organization (For Businesses & Organizations)/					
Copy of National ID Card/ Passport (For individuals)	Copy of National ID Card/ Passport (For individuals)					
Report attesting humane conditions applied.	Report attesting humane conditions applied.					
Any other document(s). Please specify below;	Any other document(s). Please specify below;					
7. DECLARATION B	Y THE APPLICANT					
I, the undersigned, hereby certify that all information provided Management Authority to enter, inspect and record data as req						
Management Authority to enter, inspect and record data as req	штей ани арргорнае.					
Name:	_					
Date:	_					
	Signature and Stamp					
8. Management Authority use only						
Application received by:						
Name:						
Designation:						
Date:						
	Signature					