

APPLICATION FORM REGISTRATION OF PRE-CONVENTION SPECIMENS



**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.

1. PERMIT APPLICATION

1.1 Application no: <small>(Office use only)</small>	1.2 Type of Permit: <small>(*Please check one of the following. A separate application is required for each type of permit.)</small>
<input type="checkbox"/>	<input type="checkbox"/> Pre-convention plant specimens <input type="checkbox"/> Pre-convention animals' specimens

2. INFORMATION OF APPLICANT

2a1. Applicant type	<input type="checkbox"/> Maldivians (Individual)	<input type="checkbox"/> Foreigners (Individual)	<input type="checkbox"/> Business/Organisation
2a2. Name: <small>(*Please enter both the full name of the person and the business/organization for applicants selected 'Business/Organization' in 2a.1)</small>			
2a3. National ID Card No:/ Passport No:/ Business Registration No: <small>(*Please enter the appropriate according to 2a.1)</small>			
2a4. Address:			
2a5. Atoll & Island name/ Country & Street name: <small>(*Atoll/island name for applicants based in Maldives, Country/Street name for others)</small>			
2a6. Postal Code	2a7. Telephone:	2a8. Mobile	
2a9. Email	2a10. Website:		

3. DESCRIPTION OF THE SPECIMENS

Note2: Please enter the below details of the specimens. If applying for more than one specimen please fill the respective columns. If applying for more than 3 specimens please fill the additional form

Details of specimen			
	Specimen A	Specimen B	Specimen C
3a.1 Scientific Name:			
3a.2 Common Name:			
3a.3 Description: <small>(eg: Male / Female / Skull / Skin / Meat / Leather / etc)</small>			
3a.4 Quantity: <small>(In Units / number/amount)</small>			
3a.5 Descriptive markings:			
3a.7 Source			

3. STOCKTAKING BY MANAGEMENT AUTHORITY

Note2: The Management Authority will physically verify the quantity of specimens to be registered as pre-Convention specimens. The proposed options should be at least a week apart and should not exceed over month for the proposed three options

Details of specimen		
	Date	Time (within official working hours)
Proposed option 1		
Proposed option 2		
Proposed option 3		

4. CHECKLIST

<input type="checkbox"/>	Registration of Company/Organization (For Businesses & Organizations) /Copy of National ID Card/ Passport (For individuals)
<input type="checkbox"/>	Any other document(s). Please specify below;
<input type="checkbox"/>	
<input type="checkbox"/>	

5. DECLARATION BY THE APPLICANT

I, the undersigned, hereby certify that all information provided in this document is true and correct. I consent the Management Authority to enter, inspect and record data as required and appropriate.

Name: _____

Date: _____

Signature and Stamp

6. Management Authority Use Only

Application received by:

Name: _____

Designation: _____

Date: _____

Signature