



APPLICATION FORM - RENEWAL OF LICENCE

SECTION A: PARTICULARS OF LICENSEE

- 1. NAME OF LICENSEE/COMPANY:
- 2. REPRESENTED BY (If company):
- 3. NIC NO.:
- 4. POSTAL ADDRESS OF APPLICANT/COMPANY:.....
- 5. TELEPHONE NO:..... MOBILE NO:.....
- 6. FAX:..... E-MAIL:.....

SECTION B: TYPE OF LICENCE

<p>Pleasure Craft Licence (PCL) <input type="checkbox"/></p> <p>Craft Name (if any):</p> <p>PC/PPC Registration No:</p> <p>Length of Craft: (meters)</p> <p>Embarkation Point (PC):.....</p> <p>Place of Call/Mooring Place: (PPC):</p> <p>Type of activity:</p> <p>Survey Validity:.....Licence No:.....</p> <p>No of Employees: LocalForeign.....</p>	<p>Tourist Accommodation Certificate (TAC) <input type="checkbox"/></p> <p>Tourist Enterprise Licence (TEL) <input type="checkbox"/></p> <p>Trade Name (if any):.....</p> <p>Address Of Enterprise:.....</p> <p>.....</p> <p>Type of Enterprise:.....</p> <p>Licence No:.....</p> <p>No of Employees: LocalForeign.....</p>
--	---

I, the undersigned, certify that:

	YES/NO
1. The information given at the time of application for the obtention of the licence has remained unchanged as at the date of the application for renewal of the licence.	
2. The conditions as imposed by the Tourism Authority for the licence are still being complied with.	
3. The shareholding structure of the company has remained unchanged (<i>if applicable</i>)	
4. No modification has been made to the premises/ building or the craft.	
5. All clearances obtained prior to Renewal of Licence (1 st Renewal)	
6. The company is NOT defunct.	

Declare thisof20...

NameSignature of Licensee (Director in case of company):

For Office Use	Verified	Remarks
1. Insurance cover	<input type="checkbox"/>
2. Letter of compliance (security measures) for TAC	<input type="checkbox"/>
3. Valid Contract for Scuba Diving/Boathouse within hotel premises	<input type="checkbox"/>
4. Certificate of Character for Beach Hawkers-Valid for 3yrs from date of issue	<input type="checkbox"/>
5. Renewed Bank Guarantee- Travel agency issued after 16 Oct 2018	<input type="checkbox"/>
6. Letter of authorisation for representative	<input type="checkbox"/>
7. Employee Information Form	<input type="checkbox"/>

Other remarks.....

Name of Officer: Signature:..... Date:



**EMPLOYEE INFORMATION FORM
FOR LICENCE & CERTIFICATE HOLDERS EXCEPT FOR PRIVATE PLEASURE CRAFT**

Reference/ Licence Number: _____

Name of Company/ Individual: _____

Name of Representative: _____

Employee Registration Number for NSF & NPF: _____

Staffing	Number of persons employed			
	Number of persons to be employed			
Employees Details				
Name of Employees	Job Title	NIC	Skipper's Licence number (if applicable)	Registered for the NPF or NSF contributions (Yes/No)

I, (Name) _____, (Designation) _____ hereby certify that the above information is true, accurate and correct.

Signature: _____ Date: _____