



Geomatics Department
Ministry of Finance and Planning
Malé, Republic of Maldives

APPLICATION FOR SURVEYOR'S REGISTRATION

GENERAL INFORMATION

Name:

ID Number:

Address:.....

Phone:

.....
.....

Email:

QUALIFICATION

Please list your qualifications with the details below

Qualification	Institution	Start date	End date

DECLARATION

I, hereby declare that the information given in this form is true and accurate, and is aware that providing false information is an offense.

Date:

Signature:

DOCUMENTS REQUIRED (attested)

- Copy of National Identity Card
- MOA accredited copy of Educational Certificates and Transcripts
- Course Outline

*All documents and completed form should be submitted to Geomatics Department or emailed to info.geomatics@finance.gov.mv