APPLICATION FORM FOR TRAVELLING ZOO, EXHIBITION AND MENAGERIE									
				<u>R</u>	EIST	RATION			
CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA					CITES MANAGEMENT AUTHORITY Ministry of Environment, Climate Change and Technology Male', Republic of Maldives.				
	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		0		Menag	erie
					oition			Gift, Ed	lucation or Research
				Other	(please	specify)			
2. INFORMATION OF APPLICANT									
2a1. Applicant ty	ype	Mald	livian	s (Individual)		Foreigners (Indivi	dual)	E	Business/Organisation
2a2. Name: (*Please enter both the f the business/organization 'Business/Organization'	on for applic								
2a3. National ID Passport No:/ Bu Registration No: (*Please enter the appro	isiness								
2a4. Address:									
2a5. Atoll & Isla Country & Stree (* <u>Atoll/island</u> name for a Maldives, Country/Street	t name:	pased in							
2a6. Postal Code			2a7. Telephone:			2a8. Mobile			
2a9. Email						2a10.Website:			
		3.]	FAC	CILITY/ OPI	ERAT	TION REGISTR	ATION		
3a1. Name of owr	ner								
3a2. Name of mar from owner)	nager (if	different							
3a3. Name of the f	facility/ o	operation:							
3a4. Date of establ operation:	lishment	of facility/							
3a5. Address									
3a6. Atoll & Isla									
Country & Street name: 2a7. Postal Code				2a8. Telephone:			2a9. Mol	oile	
2a10.Email						2a11.Website:			
				4. 5	SPEC	IES LIST			
4a1.Latin Name (g	4a1.Latin Name (genus, species, and sub-species)					4a2. Common Name	2		
If you do not have enoug	th space in t	the table above, att	ach ano	ther sheet to provide ad	lditional inj	formation.			

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	
		6. REPR					
Describe the method used If the establishment		were produced to eneration specimer	the second is for the sp	generati ecies, pr	on (F2) in the cap ovide summary sl	tive breeding operation. nowing that the breeding	
7. ANNUAL PRODUCTION							
Specify the annual p 7a1. Year	production during the last 7a2.Total Progeny	5 years (if possible), 7a3.Number of repr				duction for the next 3 years.	
/a1. 1 val	/a2.10tal Flogelly	females	ouuenve	/a3. K	7a3. Reasons for loss or death		
	1 1	8. N	NEEDS				
9. MARKING (where applicable) Only for animals: Describe the methods used for marking (bands, tags, tattoos, etc.) used for the breeding stock, the offspring, and the specimens to be exported (skins, meat, live animals, etc.)							
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) t	he strategies or activities	of the operation that	contribute to	improved c	conservation of wild p	populations of the species.	

12. HUMANE CARE							
Specify how the operation is carried out at all stages in a humane (non-cruel) manner.							
6. CHECKLIST							
Registration of Company/Organiza	Registration of Company/Organization (For Businesses & Organizations)/						
Copy of National ID Card/ Passpor	Copy of National ID Card/ Passport (For individuals)						
Report attesting humane conditions	Report attesting humane conditions applied.						
Any other document(s). Please	Any other document(s). Please specify below;						
7. DEC	LARATION BY	THE APPLICAN	JT				
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:							
Date		Sig	gnature and Stamp				
8. Management Authority use only							
Application received by:							
Name:							
Designation:							
Date:							
			Signature				