



SECRETARIAT OF THE FELIDHE ATOLL FELIDHOO COUNCIL  
V.FELIDHOO  
Republic of Maldives

REGISTRATION FORM



PROJECT:

IULAAN:

TIME:

DATE:

No	Company Name	Contact Name	Signature	Contact No	Email	Proposed Business
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**RECEIVED BY:**

Name:

Designation:

Date:

Time:

Please email this for to [info@felidhoo.gov.mv](mailto:info@felidhoo.gov.mv). For more information pls contactt 6700720.