

**APPLICATION FOR TOURIST REPRESENTATIVE COUNTERS**

**Organization:**

**Address:**

**Telephone & Fax:**

**Email:**

**Contact Person:**

**Designation:**

**Contact Number:**

**Note:**

Please take note that the vacant counters will be allotted through a ballot process, to determine the applicant and counter location.

Zones	No. of TRC	Eligible Applicants	Monthly License Fee (USD) Per Counter
G	01	Resort, Hotel, Tour Operators & Travel Agents	467

**Declaration and Signature**

I/We agree to abide the terms & conditions of this application for the lease of Tourist Representative Counters by MACL and acknowledge that the above information is true and accurate.

**Name:**

**Designation**

**Date:**

**Signature:**

**Company Seal:**

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**For MACL purposes:**

Received by:

Signature:

Serial Number: 116-CD/TRC/2016/

Date:

Time: