بسم الله الرحمن الرحيم

Print

ISLAND AVIATION SERVICES LIMITED

Maldivian
Bridging the gap

Application form for obtaining information under the "Right to Information Act"

Applicant Name:	
Address:	
Preferred Method of Contact:	
Phone:	
Email:	
Details of Information Requested	

Preferred Access Type (tick one)	
Documents sent to me by email	☐
Photocopy of document/s (charges may apply)	☐
Inspect documents	☐
Copy of document/s on a digital storage device	☐

I/we hereby agree to pay for the cost (if any) of obtaining and delivery of the information requested.

Name:	Signature:	Date:

އަތޮޅުން ދެން ދިވެހިރާއްޖެ ސަރުވިސަސް ލިމިޓެޑް، ފާރުން ދިވެހިރާއްޖެ ހަދަންވެ، 20345 ގާއެ، ދިވެހިރާއްޖެ
ޓެލެފޯން: 333 5566 ފެކްސް: 331 4806 ރެޒިއާ: info@iasl·aero ވެބްސައިޓް: www·maldivain·aero

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For Administrative Purpose only:

Formed Received			
Name	Designation	Signature	Date

Acknowledgement receipt of the form

Name & Address of the requesting person	Detail of the request	Date

We acknowledge the receipt of the above form to this Company.

Received Date: ……

Name: ……

Signature: ……