

Maldives Land and Survey Authority

Maale, Republic of Maldives

APPLICATION FOR SURVEYOR'S REGISTRATION

GENERAL INFORMATION					
Name:		ID Number:			
Address:		Phone:	Phone:		
		Email:			
QUALIFICATION					
Please list your qualifications	s with the details below				
Qualification	Institution	n	Start date	End date	
•					
DECLARATION					
l,	hereby declare	that the information given in	this form is tru	e and accurate	
and is aware that providing f	alse information is an off	fense.			
Date:		Signature:			
DOCUMENTS REQUIRED (atte	ested)				
☐ Copy of National Ider	ntity Card				
	y of Educational Certifica	tes and Transcripts			
☐ Course Outline					
*All documents and complet	ed form should be subm	itted to MLSA or emailed to s	secretariat@ml	sa.gov.mv	



