# DEPUTY MINISTRY OF TOURISM

**Hotel Assigned Operator Details**

|  |  |
| --- | --- |
| Hotel Name |  |
| Hotel Address |  |

**Hotel Operator Details (Natural/Legal Person)**

|  |  |  |
| --- | --- | --- |
| Name of company or natural person |  | |
| File Registration Number of Company or Identity Card Number of Natural Person | |  |

**Assigned Operator Details (Natural/Legal Person)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company or natural person |  | | |
| File Registration Number of Company or Identity Card Number of Natural Person | |  | |
| Date of undertaking the hotel's management | | |  |

|  |  |  |
| --- | --- | --- |
| **In the case of a company, the following documents should be attached to the application form:** | | |
| Certificate of Incorporation | Certificate of Directors/ Secretary | Memorandum and Articles of Association |

**Please note that the above documents/certificates shall be submitted with a recent validation by the Registrar of Companies.**

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| **In the case of natural person, a copy of the Identity card (both sides) should be attached to the application form** |

I hereby declare that I accept the processing of my personal data by the Deputy Ministry of Tourism in accordance with the current provisions of the Processing of Personal Data (Protection of Individuals) Law. I understand that my personal data and documents which have been declared in the present form and even sent to the Deputy Ministry of Tourism, will be processed in confidentiality and secrecy, in electronic or other form, by persons duly authorised by the Deputy Ministry of Tourism, for internal use.

|  |  |
| --- | --- |
| Assigned Operator Signature |  |

(In case of a company, the company representative's signature and the company's seal are needed.)

**As the lawful business operator of the above hotel establishment, we entrust the management of this hotel/ tourist establishment to the aforementioned assigned operator.**

|  |  |
| --- | --- |
| Signature of Hotel Operator |  |

(In case of a company, the company representative's signature and the company's seal are needed.)

|  |  |
| --- | --- |
| Name of Hotel Operator |  |

(Name of company or natural person)

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | File No |  |

F-HTL-04/12-1