# Request for Clearance

**Visiting UNESCO World Heritage Site Aldabra Atoll**

*Please complete all fields and submit the signed form and signed regulations to the Tourism Coordinator,* ***Ms Elsa Pool****, Email:* *elsa.pool@sif.sc**; Tel: +248 260077;*

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| --- | --- |
| **Vessel company:** Vessel company **Vessel name:** Vessel name **Registration No:** Registration number | **Vessel capacity:****Crew number:** No of crew**Passenger number:** No of passengers |
| **Captain:** Captain name | **E-mail address:** E-mail address |
| **Shipping agent:** Shipping agent**Contact person:** Contact name | **E-mail address:** E-mail address**Telephone No:** Telephone number |
| **Port of entry to Seychelles:** [ ]  **Mahé** [ ]  **Assomption Date of entry:** Date **Previous international port:** Last int. port of disembarkation prior to Seychelles |
| **Islands visited before Aldabra:** List islands visited before reaching Aldabra, for example Assomption, Cosmoledo, Alphonse,Desroches etc. |
| **Arrival at Aldabra:** Date **Departure from Aldabra:** Date **No. of days on Aldabra:** Number of days | **Arrival time:** [hh]:[mm]**Departure time:** [hh]:[mm] |
| **Expedition leader:** Expedition leader name | **E-mail address:** E-mail address |
| **Activities wishing to undertake:** [ ]  **Land tours\*** [ ]  **Lagoon cruise\*** [ ]  **Snorkelling\*** [ ]  **Diving\*** [ ]  **Photography/Filming\*****Other relevant details:** Please provide details of any other relevant information you wish to inform SIF about i.e. the number of divers on the vessel, passenger disabilities etc. |
| ***Important notice: Please attach a vessel manifest with the names and nationalities of passengers and crew visiting Aldabra Atoll. \*Please note that all activities are subject to the following: availability of staff, weather and tide conditions.*** |

***Please read all the documents provided by SIF and available to*** [***download***](https://www.sif.sc/downloads?category=7) ***containing important information regarding your expedition to Aldabra Atoll.***

**With your signature, you have accepted to follow as well as to ensure enforcement of the attached rules and regulations below.**

 **Select date**: Date