# 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*](mailto: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