## **DEPUTY MINISTRY OF TOURISM HOTEL MANAGER DETAILS**

Hotel Name				
Name of Hotel Operator				
Identity Card / Passport Number or Company Registration Number				
	1			
Full Name of Manage				
Identity Card or Pass	oort			
Citizenship *				
Current Home Addres	ss			
Date of commencement of duties	ent			
Academic Qualification				
(Please submit copies qualifications) **	s of			
Foreign Languages				
3 3 3				
Professional Experier to date	ace			
Signature of Hotel Operator (In case o company, please add the <b>company's</b>			S	Signature of Hotel Manager
Date		F	ile No	
Date			IIC INO	
Solemn Statement of Applicant				
accordance with the claw of 2001, as ame	current provis nded or repla will be proce	processing of mage of the Processing of the Proc	y personal dat ocessing of Pe o time. I under entiality and se	ta by the Deputy Ministry of Tourism in ersonal Data (Protection of Individuals) rstand that my personal data, declared ecrecy, in electronic or other form, by
Date	Signature of N		Manager	
Date	Signature of H		Hotel	

- Applications that are not fully documented shall not be taken into consideration.

  \* Essential only for non- European Union citizens. Please submit residence and work
- \*\* Managers of 5\* 3\* hotels must possess a degree or diploma from a higher school or college/ university.