



Bank Account Change Form

3- ޖެންޓްލް މެންބަރުގެ ބޭނުންނަށް
Information of Bank account that is required to change

Joint account Single account

Account Number (MVR)

Account Name (s)

Bank Name

4- ލިޔުމެއް ހެއްދެވުމަށް ބޭނުންވާ ފަރާތް ތަކުން ބޭނުންވާ
Declaration by the applicant

I hereby agree that any overpayments deposited from Pension Office to my bank account mentioned in the section 3 of this form, could be deducted without any prior permission from me.
I also declare that the information provided in this Form is true and accurate. Further, I am aware that forgery and fraudulent practices are an offence under Chapter 310 of Act Number 9/2014 (Maldives Penal Code).

I hereby agree that any overpayments deposited from Pension Office to my bank account mentioned in the section 3 of this form, could be deducted without any prior permission from me.

I also declare that the information provided in this Form is true and accurate. Further, I am aware that forgery and fraudulent practices are an offence under Chapter 310 of Act Number 9/2014 (Maldives Penal Code).

Full Name (as in the Passport)

Passport No. (Foreigners)

Date

Signature and fingerprint

if the pensioner requests to change the account, no document is required

Required Documents

- Pensioner's account is to be changed to a guardian's account due to legal incapacitation,
- Guardian's account is to be changed,
- Guardianship is changed and account is to be changed.

In the following conditions, legal documents stating the guardianship of the pensioner, copy of ID Card of the guardian, and copy of ID Card of the pensioner should be submitted along with the application form.

1- ލިޔުމެއް ހެއްދެވުމަށް ބޭނުންވާ ފަރާތް ތަކުން ބޭނުންވާ
Information of Pensioner/ Applicant

Full Name (as in the Passport)

Passport No. (Foreigners)

Date of Birth

Mobile No

Email

2- ލިޔުމެއް ހެއްދެވުމަށް ބޭނުންވާ ފަރާތް ތަކުން ބޭނުންވާ
legal guardian's Information (If the guardian submits the application)

Full Name (as in the Passport)

Passport No. (Foreigners)

Mobile No

Email

Additional Information

Additional Information

- ޖެޖްސިންކު އުޅުއްވާ ނުވަތަ ޖެޖްސިންކު ނުކުރާ ކޮންމެ ބޭފުޅެއްގެ ވެސް ފޮޓޯ ނުވަތަ ވީޖެޓު ކުރެވޭނެ ފޮޓޯ ފޮޓޯގެ ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - ސިންގްލިންކު ނުވަތަ ޖެޖްސިންކު ނުކުރާ ކޮންމެ ބޭފުޅެއްގެ ވެސް ފޮޓޯ ނުވަތަ ވީޖެޓު ކުރެވޭނެ ފޮޓޯ ފޮޓޯގެ ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - ވަނަ ފަހަރު ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - 1 ވަނަ ފަހަރު ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - ވަނަ ފަހަރު ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - ވަނަ ފަހަރު ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - ވަނަ ފަހަރު ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
 - ވަނަ ފަހަރު ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް ފޮޓޯ ހަދަންވާނެ ގޮތަށް...
- In case of joint account, the original form has to be submitted to pension Office.
 - For single account, Pension Office will accept soft copies of applications
 - If the form is submitted by the pension applicant or pensioner ONLY section 1, 3 and 4 should be filled.
 - If the form is submitted by the legal guardian, due to ill health of the pension applicant or pensioner, all the parts in this form should be filled (including guardian and witnesses section).
 - The witness in part 5 of this application should be a person above 18 years of age. (The witness cannot be the applicant him/herself or the guardian or caretaker).
 - Proposed bank account should be from a bank operating in Maldives
 - The bank account (Maldivian rufiya account) should be either a single or joint account, and should be an account that belongs to the pensioner.

Declaration by the witnesses

Declaration by the witnesses

information of TWO witnesses required

I declare that the person identified in part 2 of this application is known to me as the guardian of the applicant. I also declare that the information provided in this Form is true and accurate. Further, I am aware that forgery and fraudulent practices are an offence under Chapter 310 of Act Number 9/2014 (Maldives Penal Code).

1

Full Name (as in the Passport)

[Blank box for Full Name]

Passport No. (Foreigners)

[Blank box for Passport No. (Foreigners)]

Date

[Date selection grid]

Signature and fingerprint

[Signature and fingerprint area]

2

Full Name (as in the Passport)

[Blank box for Full Name]

Passport No. (Foreigners)

[Blank box for Passport No. (Foreigners)]

Date

[Date selection grid]

Signature and fingerprint

[Signature and fingerprint area]

For official use

Signature, Date, Name, WF number fields with input boxes and date grids.