

Foreign Employee's Pension Benefit Claim form

Maldives Pension Administration Office

8th Floor, Allied Building, Chaandhanee Magu, Male', Maldives

Materials required to be submitted with this form	Local Bank Account Information (in Maldives)
► Applicant's Passport copy (Data page)	Joint Account Single Account
Pensioner's Information	Bank Name
Name:	
Current Passport No: Previous Passport Nos: (if any)	Account Name (s)
	Account number (MVR)
Date of Birth: Day Month Year	Refree
Phone / Mobile number:	Name:
Intended date of departure: Day Month Year Reason for withdrawal	Passport no:
Departure from Maldives Attaining 65 Years Address	Phone / Mobile number:
Permanent Address:	Relationship:
	Declaration by the applicant
Current Address:	I hereby agree that any over payment deposited from pension office to my ba account mentioned in section 5 of this form could be deducted without any pr permission from me. I also declare that information provided in this application form is true and accurate. I agree that providing false information is a fraud unconcept the concept of the Maldives Penal Code.
Mailing Address:	Name:
	Signature and Finger Print

Endorsement by the employer	For use of the agency receiving the application form
I hereby certify that the applicant will be departing permanently from Maldives on completion of the employment contract.	Form submitted by: Pensioner Guardian
Date of termination: Day Month Year	Form received by:
Name of the Employer:	Form received on: Day Month Year
Name of the official:	
Designation: (Head of department / Organization)	
Contact No:	Signature: Official star
Email:	For the use of Maldives Pension Administration Office only
	Form received by:
Date: Day Month Year	Form received on: Day Month Year
Signature:	First entry:
Official stamp	Second entry:
Official use only Checklist for the party receiving this form	Scanned by:
All information in this form have been completed Passport details presented by the applicant is correct and the passport is not expired	Record No:
Passport copy of the applicant is attached	
Bank account details have been included and applicant's name is included in the account specified	Foreign Employee's Pension Benefit Claim form
Applicant has signed and fingerprint given	Acknowledgement
Endorsement by the employer has been completed The agency receiving this application form has to complete the section specified with stamp and file a copy of this application	Name:
The state of the s	Passport no:
The agency receiving this form has to prepare a list with applicant's name	
and passport numbers and forward the list with the forms to Maldives Pension Administration Office once a week	Stamp Date Day Month Year

Official stamp