MRPS-004-02

PENSION OFFICE

Foreign Employee's Pension Benefit Claim form

Maldives Pension Administration Office

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

1441 info@pension.gov.mv /pensionoffice www.pension.gov.mv

Materials required to be submitted with this form 1

- Applicant's Passport copy (Data page)

Pensioner's Information 2

Name:

Current Passport No:

Previous Passport Nos: (if any)

Date of Birth: Day Month Year

Phone / Mobile number:

Email:

Intended date of departure: Day Month Year

Reason for withdrawal 3

- ☐ Departure from Maldives
- ☐ Attaining 65 Years

Address 4

Permanent Address:

Current Address:

Mailing Address:

Local Bank Account Information (in Maldives) 5

☐ Joint Account ☐ Single Account

Bank Name

Account Name (s)

Account number (MVR)

Refree 6

Name:

Passport no:

Phone / Mobile number:

Relationship:

Declaration by the applicant 7

I hereby agree that any over payment deposited from pension office to my bank account mentioned in section 5 of this form could be deducted without any prior 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 under Chapter 3, Articles 62-68 of the Maldives Penal Code.

Name:

Signature and Finger Print

Endorsement by the employer 8

I hereby certify that the applicant will be departing permanently from Maldives on completion of the employment contract.

Date of termination: ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)

Name of the Employer: .....

Name of the official: .....

Designation: .....
(Head of department / Organization)

Contact No: .....

Email: .....

Date: ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)

Signature: .....

Official stamp

Official use only

Checklist for the party receiving this form

- ☐ All information in this form have been completed
- ☐ Passport details presented by the applicant is correct and the passport is not expired
- ☐ Passport copy of the applicant is attached
- ☐ Bank account details have been included and applicant's name is included in the account specified
- ☐ Applicant has signed and fingerprint given
- ☐ 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

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

For use of the agency receiving the application form

Form submitted by: ☐ Pensioner ☐ Guardian

Form received by: .....

Form received on: ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)

Signature: .....

Official stamp

For the use of Maldives Pension Administration Office only

Form received by: .....

Form received on: ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)

First entry: .....

Second entry: .....

Scanned by: .....

Record No: .....

✂ .....

Foreign Employee's Pension Benefit Claim form

Acknowledgement

Name:

Stamp

Passport no: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date: ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)