

MRPS-004-02

## 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) 5  |
|---|---|
| Applicant's Passport copy (Data page)             | Joint Account Single Account  |
| Pensioner's Information 2                         | Bank Name   |
| Name:   |   |
| Current Passport No:                              | Account Name (s)  |
|   | Accountivanie (s)   |
| Previous Passport Nos: (if any)                   |   |
|   |   |
|   | Account number (MVR)  |
|   |   |
|   | Refree 6  |
| Date of Birth:                                    |   |
| Phone / Mobile number:                            | Name:   |
|   |   |
| Email:  |   |
| Intended date of departure:                       | Passport no:  |
| Reason for withdrawal                             |   |
| Departure from Maldives                           |   |
| Attaining 65 Years                                | Phone / Mobile number:  |
| Address 4   |   |
|   |   |
| Permanent Address:                                | Relationship:   |
|   | Dede sties but he soulisest   |
|   | Declaration by the applicant  |
|   | 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<br>permission from me. I also declare that information provided in this application |
| Current Address:                                  | form is true and accurate. Tagree that providing false information is a fraud under   |
|   | Chapter 3, Articles 62-68 of the Maldives Penal Code.   |
| 3   |   |
|   |   |
| Mailing Address                                   | Name:   |
| Mailing Address:                                  |   |
|   | <b></b>   |
|   |   |
|   | Signature and Finger Print  |
|   |   |

| Endorsement by the employer  | 8                     | For use of the agency receiving the application form             |                        |                        |
|--|-----------------------|--|------------------------|------------------------|
| I hereby certify that the applicant will be departing permane completion of the employment contract  | '                     | Form submitted by:   | Pensioner              | Guardian               |
| Date of termination:   |                       | Form received by:  |                        |                        |
| Name of the Employer:  |                       | Form received on:  |                        |                        |
| Name of the official:  |                       |  |                        |                        |
| Designation:   |                       |  |                        |                        |
| Contact No:  |                       | Signature:   |                        | Official stamp         |
| Email:   |                       | For the use of I   | Maldives Pension Admir | nistration Office only |
|  |                       | Form received by:  |                        |                        |
| Date: Day Month Year   |                       | Form received on:  | Day Month              | /ear                   |
| Signature:   |                       | First entry:   |                        |                        |
|  | Official stamp        | Second entry:  |                        |                        |
| Official use only  |                       |  |                        |                        |
| Checklist for the party receiving this f   | orm                   | Scanned by:  |                        |                        |
| All information in this form have been completed Passport details presented by the applicant is correct not expired                                | and the passport is   | Record No:   |                        |                        |
| Passport copy of the applicant is attached   |                       |  |                        |                        |
| Bank account details have been included and application in the account specified   | nt's name is included | Sereign Empl   | ovee's Pension Be      | nefit Claim form       |
| Applicant has signed and fingerprint given   |                       | Foreign Employee's Pension Benefit Claim form<br>Acknowledgement |                        |                        |
| Endorsement by the employer has been completed   |                       | Acknowledgel   | ment                   |                        |
| The agency receiving this application form has to complete the section specified with stamp and file a copy of this application                    |                       | Name:  |                        |                        |
|  |                       |  | Passport no:           |                        |
|  | 1 V                   |  |                        |                        |
| The agency receiving this form has to prepare a list with applicant's name<br>and passport numbers and forward the list with the forms to Maldives |                       |  |                        |                        |
| Pension Administration Office once a we  | Stamp                 | Date Day Month   | Year                   |                        |