

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 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:	
	
	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 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 and passport numbers and forward the list with the forms to Maldives				
Pension Administration Office once a we	Stamp	Date Day Month	Year	