



Guardian's information 4

Fill this section if the applicant is Guardian
Name: [Field]

Passport / Immigration No. (Foreigners): [Grid]

Date of Birth: [Day] [Month] [Year]

Phone / Mobile number: [Field]

Email: [Field]

Address: [Field]

Complaints 5

Please put a (✓) on the complaint you wish to submit.

Complaints from Employer

Problems encountered in enrolling employees in the Maldives Retirement Pension Scheme [Checkbox]

Problems encountered in submitting monthly statement of pension contributions [Checkbox]

Problems encountered in depositing monthly pension contributions (Payments) [Checkbox]

Complaints about pension payment

Pension payments delayed / discontinued [Checkbox]

Discrepancies in the pension amount as pension [Checkbox]

Note: If you are submitting Complaints about pension payment, please submit a bank statement including details up to the date of submitting this form

Form Submitted by 1

Employer [Checkbox]
Pensioner / Member of Maldives Retirement Pension Scheme / Employee [Checkbox]
Guardian [Checkbox]

Employer's information 2

Fill this section only if you are an Employer

Employer's Name: [Field]

Employer ID: [Grid]

Phone / Mobile number: [Field]

Email: [Field]

Address: [Field]

Information of Pensioner / Employee / Maldives Retirement Pension Scheme Member 3

Fill this section only if you are Pensioner / Employee / Member of Maldives Retirement Pension Scheme / Guardian

Name: [Field]

Passport / Immigration No. (Foreigners): [Grid]

Date of Birth: [Day] [Month] [Year]

Phone / Mobile number: [Field]

Email: [Field]

Address: [Field]



Maldives Pension Administration Office
City Square, Chaandhane Magu, Male', Maldives
1441 info@pension.gov.mv /pensionoffice www.pension.gov.mv

How to submit this form:

Delivered to the pension office counter
 Via Fax - 3307759
 Via Email – info@pension.gov.mv

Official use only

Not enrolled in the Maldives Retirement Pension Scheme
 Incorrect information in Retirement Savings Account Statement

Date: Day [] [] Month [] [] Year [] [] [] []
 Signature: _____
 Stamp: _____

Date: Day [] [] Month [] [] Year [] [] [] []
 Signature: _____
 Stamp: _____

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7 Declaration by the complainant

I declare that information provided in this complaint 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 _____
 Stamp: _____
 If submitted by an Employer, Stamp _____

6 Complaints about Maldives Retirement Pension Scheme and Retirement Savings Account

Not enrolled in the Maldives Retirement Pension Scheme
 Incorrect information in Retirement Savings Account Statement

Note: If you are submitting Complaints about Maldives Retirement Pension Scheme and Retirement Savings Account Statement, please submit copies of the applicant's Employment Contract and Salary Slips for the months in which the problem was encountered.

Other complaint _____

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6 Detail of complaint

Please provide details of the complaint below. If the space provided is not sufficient, additional page (s) may be used with this application.

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Complaint Form

Acknowledgement

Name: _____
 Passport no. (Foreigners): []
 Date: Day [] [] Month [] [] Year [] [] [] []
 Stamp: _____