



5- Declaration by the Complainant

މި ފޮޅުގައި ބަޔާންކުރި މަޢުލޫމާތު ހަމަޖެހޭ ގޮތުން ހުށަހަޅާނެ ގޮތުން ބަޔާންކުރެއްވުމަށް ދަންނަވަމެވެ. ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން ދަންނަވާ ގޮތުން 2014/9 (ދިވެހިރާއްޖޭގެ ޖުމްހޫރީ ޖަނަވަރުގެ ސަލާމަތުގެ ޖަލްދުގެ 310 ވަނަ މާއްދާ) ގެ ދަށުން ބަޔާންކުރެއްވުމަށް ދަންނަވަމެވެ.

I declare that the information provided in this form is true and accurate. Further, I am aware that forgery and fraudulent practices are an offence under Chapter 310 of Act Number 9/2014 (Maldives Penal Code).

ފުލުހުގެ ނަންމު (އިތުރުގެ ގޮތުގައި ބަޔާންކުރެއްވުމަށް)

Blank box for Full Name

ފުލުހުގެ ނަންބަރު (އިތުރުގެ ގޮތުގައި ބަޔާންކުރެއްވުމަށް)

Grid for Passport No. (Foreigners)

Signature and Fingerprint box

އިތުރުގެ ގޮތުގައި ބަޔާންކުރެއްވުމަށް ފޮޅު ހުށަހަޅާނެ ގޮތުން ބަޔާންކުރެއްވުމަށް ދަންނަވަމެވެ.

Stamp box for employer submission

Complaints about pension payments

Complaints about pension payments checkboxes: Pension payments delayed/discontinued, Discrepancies in the pension amount, Others (please specify)

Complaints about Maldives Retirement Pension Scheme and Retirement Savings Account

Complaints about Maldives Retirement Pension Scheme and Retirement Savings Account checkboxes: Not enrolled in the Maldives Retirement Pension Scheme, Incorrect information in the Retirement Savings Account statement, No contribution in the Retirement Savings Account after deducting salary, Others (please specify)

Any other complaint box

4- Short Summary of the Issues

If the space is not sufficient to write a summary of the issue, you may write on another sheet and attach the sheet with this application

Large empty box for Short Summary of the Issues

For Official Use

Signature box

Date box (D, M, Y)

Name box

WF number box