



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:

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Previous Passport Nos: (if any)

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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

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Account Name (s)

Account number (MVR)

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Refree **6**

Name:

Passport no:

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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

