بسم الله الرحمن الرحيم

ދިވެހिރާජެއްގެ ގެزێट

ވޮލިއުме: 47 　　 ނަمبަރ: 44 　　 ތاریخ: 10 ނޮވެمبަރ 1439 - 27 ނޮވެمبަر 2018 　　 އެންމެން

ގަވާހިދު ނަންބަރ: 2018/R-25

ދިވެހިރާއްޖެގެ ބިން ބަދަން ކުރުން ހިންދައިދިން ބަދަން ބަދަން ،

ކުރެއްވުމުގެ ދަންނަން ވެރިކަން ބިން ބަދަން ،ބިން ،ބިން ،ބ ،ؤ ،ؤ ،ؤ

بسم الله الرحمن الرحيم

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9. (ر) ﷺ ﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ، ﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺ ﷺﷺ ﷺﷺﷺﷺﷺﷺ 1 ﷺﷺﷺ "ﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ، ﷺﷺﷺﷺ ﷺﷺﷺﷺﷺﷺﷺﷺﷺﷺ.

(س) ﷺ ﷺﷺﷺﷺﷺﷺ ﷺﷺﷺﷺ

ذَوَّھِفَرُمْ ھَدَخُرُنْبَرَمْ ؤُنُرُمْ

12. (ر) ڤِ ذَوَّھِفَرُمْ ھَدَخُرُ نْبَرَمْ ؤَنَّرِمٍ، ڤِذَوَّھِفُرِ ڤِرِؤرِسَۃَرُگَرُدُ ئُغُھْذَھِ ڭَھِھْنْبَرَگَ ڤُرُوَرُمْ ؤُسِرِئُمْشُؤُ.

(س) ڤِ ذَوَّھِفَرُمْ ھَدَخُرُنْبَرَمْ ؤُنُرُدُمْ، 14 سُؤْرِئُمْھَبْرُ 2014 وَسَرَ ڤُرُوَرُ ھَدَخُرُنْبَرَمْ ؤَنَّرَؤَرِوَّ "ھِڤَّرِسٍ دُوَرْمَۃَؤُمْ ڈُڤْرِۂؤُسْ ءِرِھَرَءِرَدَمْھْ ؤُمْسَوَمْ سُءِدُذَھِ ھَھِؤُءِرَبْمْ، سُءِدُذُ فَرُنُمْ ؤُءِرَبْمْڤَرُمْؤَءْ ھِسَّھَرُمْھُمَرْ ؤُءِرَبْمْڤِرُمْدَّھَءْ ذَوَّھِفُرِ" ھُدُوُسِرُھُؤُ.

ةترؤةخؤ 1

MRPS-004-02

MALDIVES PENSION ADMINISTRATION OFFICE

Foreign Employee's Pension Benefit Claim form

Maldives Pension Administration Office

Ameenee Magu, 30379, Rep. of Maldives

Tel: +960 3309908, Fax: +960 3307759

info@pension.gov.mv
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:

Previous Passport Nos: (if any)

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

Account Name (s)

Account number (MVR)

Refree 6

Name:

Passport no:

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