

I declare that the applicant is unable to apply for pension due to poor health. I declare that I am the guardian of the applicant and all pension money will be spent for the sole benefit of the applicant and I also declare that the information given 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.

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Guardians' Name

Passport no. (Foreigners)

Signature and Fingerprint



Personal Information

Name: _____

Passport / Immigration No. (Foreigners): _____

Date of Birth: _____

Phone / Mobile number: _____

Email: _____

Bank Account Information

Joint Account Single Account

Bank Name: _____

Account Name (s): _____

Account number (MRF): _____

Declaration by the applicant

I hereby agree that any over payment deposited from pension office to my bank account mentioned in section 2 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.

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Name: _____

Date: _____

Signature and Fingerprint



Bank Account Change Form

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Maldives Pension Administration Office

City Square, Chaandhane Magu, Male', Maldives

