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MALDIVES IMMIGRATION
Republic of Maldives

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PASSPORT APPLICANT INFORMATION FORM FOR MALDIVIANS ABROAD

Note :

1. Fields marked * are mandatory
2. when requesting document for a new born child, please use mother's Name & ID card, if mother is a Maldivian.
3. If child's mother is a foreign national, please provide father's name & ID card number.

* DETAILS OF THE APPLICANT

Personal ☐ Newborn ☐

[TO BE FILLED IN CAPITAL ENGLISH LETTERS]

Name as in ID: ________________

Date of Birth: D D / D D / Y Y Y Y

Gender: ________

Nationality ID Card Number: ________________

Passport Number: ________________

Date of Expiry: D D / D D / Y Y Y Y

Marital Status: Single ☐ Married ☐

* Are you a dual citizenship holder?

Yes ☐ No ☐

If , yes , please fill below

Nationality: ________________

Passport Number: ________________

Duration holding citizenship: Years ____ Months ____

* Reason for Staying Abroad

Employment ☐ Medical Reason ☐ Employment in foreign state company ☐

Studies ☐ Education for Children ☐ Others ________

Visa Information

Visa Type: ________________

Visa No: ________________

Valid Till: ________________

* Address living Abroad

Street Address ,P.O box

Apartment, Suit, Unit, Building

State/Province/Region

ZIP/Postal Code

Country

Place of Work: ________________

Email Address: ________________

Mobile Number: + ________________

Twitter ID: @ ________________

Facebook ID: https://facebook.com/ ________________

Designation: ________________

Travel History for past 2 years

(Please attach if you require additional space)

Year Visited	Duration of Stay	Country Visited	Purpose of Visit

I here by agree that all the information's provided above are correct and true. Hence, agree to offer my full corporation to immigration in clearing out any further information if needed and ensure to conduct matters in accordance to the Immigration Law and Regulations of the Maldives.

Name of the signee: ________________

signature: ________________

Date: D D / D D / Y Y Y Y