

PARTNERSHIP LETTER HEAD
(Including Address, Contact Details)

Registration Number:

Date:

Resolved that the following Account Holder of Xpat System of Maldives Immigration is to be associated to our Partnership to submit applications online regarding quota and work permit on behalf of this Partnership.

Name:

ID card No:

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Moreover, the following Account Holder of Xpat System of Maldives Immigration is to be responsible for all the information uploaded to Xpat system on behalf of the Partnership.

Name:

Designation:

ID card No:

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This resolution is duly passed by the Partners of the Partnership on (Date.....), and is signed by the following Partners, which meeting the quorum of the Board for this Resolution.

Name:

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Name:

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Designation:

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Designation:

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ID card No:

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ID card No:

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Signature:

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Signature:

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Mobile:

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Mobile:

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Secretary Name & Signature:

Partnership Seal:

Required Documents

1. Board Resolution (Original)
2. Registration Certificate (Original & Copy)
3. Partnership Agreement (Original & Copy)
4. Minimum 2 Partners valid ID card & Copy