



APPLICATION FOR EMERGENCY DEPARTURE

[TO BE FILLED IN CAPITAL LETTERS]

[Tick as appropriate] WORK VISA PERMITS VISA

DETAILS OF THE APPLICANT

Name in full Occupation / Profession

Date of Birth Sex male female Nationality

Passport Number Date of Issue Date of Expiry

EMPLOYMENT APPROVAL # Date of Expiry

Expiry Date of VISA Expiry Date of VISA FEE Emergency contact No.

Emergency Reason.

PHOTO
[Passport Size Photo
Less than
Three Months
With
White Background]

Date of Departure Flight Number Place Of Work in Maldives

TO BE FILLED BY EMPLOYER / SPONSOR

Organization/Employer Name Registration No

Name of the signee NID No

Designation Date Mobile Number

Seal of the sponsor if applicable

I hereby declare that the information provided in this form is true and correct to best of my knowledge. I also understand that any willful dishonesty will have legal consequences in accordance to respective laws.

Signature

OFFICIAL USE ONLY

Checked by /

Name

RC Number

Date Signature

Approved by /

Name

RC Number

Date Signature

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1- [ސަރުކާރުގެ ނަންބަރު 1234567890]

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