



PASSPORT APPLICANT INFORMATION FORM FOR MALDIVIANS ABROAD

މާލިކުގެ ނަންބަރު ބަލައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް

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.

- 1. * ފޯމް ގައި ދަނޑު ލިޔެފައިވާ ފޯމްތަކުގެ ތެރެއިން ބަލައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް.
- 2. ނުވަތަ ދަންނަވާ ފޯމް ގައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް ބަލައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް ބަލައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް.
- 3. ނުވަތަ ދަންނަވާ ފޯމް ގައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް ބަލައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް ބަލައި ފުރިހަމަކުރުމަށް ދަންނަވާ ފޯމް.

* DETAILS OF THE APPLICANT Personal Newborn

[TO BE FILLED IN CAPITAL ENGLISH LETTERS]

Name as in ID

Date of Birth Gender Nationality ID Card Number

Passport Number Date of Expiry Marital Status

* 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

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