



2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100

Application Form to Change Bank Account or Submit Account Information

4 Information of the bank account to be changed or updated

Joint account Single account

Bank Name

[Text input field for Bank Name]

(Account Number (MVR account):

[Grid for Account Number]

Account Name/Names in English

[Grid for Account Name]

[Grid for Account Name]

[Grid for Account Name]

5 Declaration by the Pensioner/Guardian

I declare that the information provided in this form is accurate and true. I am aware that it is an offense to convey false information intentionally or in bad faith.

If any amount in excess of the pension benefits are deposited by the Pension Office to the bank account stated in section 4 of this form due to any reason, then I agree to grant the permission to the bank to deduct the overpayments from the account and handover them to Pension Office without obtaining further consent.

I affirm that the information provided in this Form is accurate and true. Further, I am aware that it is an offense to convey false information intentionally or in bad faith.

Passport Number (Foreigners) ID Card Number (Maldivians)

[Input fields for Passport and ID Card Numbers]

Full Name (as in the ID Card/Passport)

[Input field for Full Name]

Date

[Date selection grid]

Signature and fingerprint

[Signature and fingerprint area]

Before filling the Form, please read the "Matters to consider when completing the Form" included in the last section of this application.

1 Reason for submitting the Form (select one option)

To update the information of the bank account used for depositing pension benefits To change the bank account used for depositing pension benefits

To update the information of the bank account used for depositing pension benefits To change the bank account used for depositing pension benefits

2 Information of Pensioner

Passport Number (Foreigners) ID Card Number (Maldivians)

[Input fields for Passport and ID Card Numbers]

Full Name (as in the ID Card/Passport)

[Input field for Full Name]

Date of Birth

[Date selection grid]

Mobile/Phone Number

[Input field for Mobile/Phone Number]

Email

[Input field for Email]

3 Guardian's information (if submitted by the Guardian)

Passport Number (Foreigners) ID Card Number (Maldivians)

[Input fields for Passport and ID Card Numbers]

Full Name (as in the ID Card/Passport)

[Input field for Full Name]

Mobile/Phone Number

[Input field for Mobile/Phone Number]

Email

[Input field for Email]

މި ފޯމުގައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން

Matters to consider when completing the Form

- ފޯމުގައި ބަލަންޖެހޭ 1 ވަނަ ބައި 2 ވަނަ ބައި 4 ވަނަ ބައި 5 ވަނަ ބައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން.
- ފޯމުގައި "ގަވާއިދު" ގެ މާނައަކީ "ފަރާތްތަކުގެ ދެމެހާރުގެ ގޮތުން ފޯމު ފުރިހަމަކުރަންޖެހޭ ފަރާތްތަކުގެ ފަރާތުން ފޯމު ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން.
- ފޯމުގައި ބަލަންޖެހޭ 1 ވަނަ ބައި 2 ވަނަ ބައި 4 ވަނަ ބައި 5 ވަނަ ބައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން.
- ފޯމުގައި 6 ވަނަ ބައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން 18 ވަނަ ބައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން.
- ފޯމުގައި ބަލަންޖެހޭ 6 ވަނަ ބައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން 18 ވަނަ ބައި ފުރިހަމަކުރަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން.

- Complete sections 1, 2, 4 and 5 of this form, if the form is submitted by the pensioner.
- In this form, "Guardian" refers to the legal guardian or statutory guardian of the pensioner.
- Due to physical or psychological disability or medical condition of the Pensioner, if the guardian submits the form instead, then complete all the sections of the form.
- Witnesses stated in section 6 of this form should be two persons above 18 years of age and knows the pensioner and the guardian, and are not their first-degree relatives.
- The bank account should be a single or joint account of the pensioner opened in a bank operating in the Maldives and transacting in Maldivian rufiyaa.

Declaration by the witnesses

2- ބަލަންޖެހޭ ގޮތުން ބަލަންޖެހޭ ކަންކަން

Information of two Witnesses shall be included.

I declare that the person stated in section 3 of this Form as the Guardian of the Pensioner is known to me and is indeed the Guardian of the Pensioner. I affirm that the information provided in this Form is accurate and true. Further, I am aware that it is an offense to convey false information intentionally or in bad faith.

I declare that the person stated in section 3 of this Form as the Guardian of the Pensioner is known to me and is indeed the Guardian of the Pensioner. I affirm that the information provided in this Form is accurate and true. Further, I am aware that it is an offense to convey false information intentionally or in bad faith.

1

Passport Number (Foreigners) ID Card Number (Maldivians)

Full Name (as in the ID Card/Passport)

Date

Signature and fingerprint

2

Passport Number (Foreigners) ID Card Number (Maldivians)

Full Name (as in the ID Card/Passport)

Date

Signature and fingerprint

For Pension Office use

Signature

Date

Name of the staff who received the form

Workflow Number