425-B2-A/DCVisa

بسم الله الرحمن الرحيم

Secretariat of the Male' City Council
Male', Republic of Maldives

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APPLICATION FORM FOR THE INFORMATION DOCUMENT

DETAILS OF APPLICANT	
Full Name:	
Permanent Address:	
Date of Birth:	
National Identity Card No:	
Passport No:	
Father's Name and Permanent Address:	
Mother's Name and Permanent Address:	
APPLICANT'S	
Name:	Signature
Present Address:	
Contact Number:	

DESCRIPTION OF DOCUMENT/INFORMATION BEING REQUESTED
DOCUMENTS TO BE SUBMITTED BY THE APPLICANT
1. Copy of the Citizen's Registry
2. Copy of ID card 3. Copy of Passport (data page) 4. Copy of Father and Mother's ID card

COLLECTED BY:		
Full Name and Address:		Signature.
National ID card No:	Contact Number::	

FOR OFFICIAL USE ONLY:		
Form received by: Name:	Signature:	Date:

(Please fill this form in block capital letters using dark blue or black ink pen)