



**DEPARTMENT OF IMMIGRATION AND EMIGRATION
MALE', REPUBLIC OF MALDIVES**

www.immigration.gov.mv , Email: workvisa@immigration.gov.mv, Tel: 3330460, Fax: 3008818

Passport Size Photo (Not older than 90 days)

Photo shall comply with Immigration passport photo standard



މި ފޯމުގައި ފުރިހަމަކުރުމަށް ދަށުގައި ބަލާށެވެ.

APPLICATION FORM

WORK VISA WORK VISA CARD LOST/DAMAGED CARD

EMPLOYEE INFORMATION (USE BLOCK LETTERS TO FILL THE FORM)

Name:			
Passport No:		Passport Expiry Date:	
Nationality:		Date of Birth:	
Previous Passport No:		Sex:	M <input type="checkbox"/> F <input type="checkbox"/>
Employment Approval No:		Work visa card No:	
Occupation:		Work Site:	
Address in the country of Citizenship:			

EMPLOYER INFORMATION

މި ފޯމުގައި ފުރިހަމަކުރުމަށް ދަށުގައި ބަލާށެވެ.

Employer:			
Reg. No/ID Card No:			
Employer Address:			
Payment Period:	One Year:	Number of Months:	
Contact No:	Fax No:	Email:	
I/We declare the information provided in this form is true & undertake to bear all costs concerning the employee. I/We shall also make all necessary arrangements for the employee's departure.			[Company Seal]
<p>މި ފޯމުގައި ފުރިހަމަކުރުމަށް ދަށުގައި ބަލާށެވެ. މި ފޯމުގައި ފުރިހަމަކުރުމަށް ދަށުގައި ބަލާށެވެ. މި ފޯމުގައި ފުރިހަމަކުރުމަށް ދަށުގައި ބަލާށެވެ.</p>			
Date:	Authorized/Employer Signature:		

SUBMITTER'S INFORMATION

މި ފޯމުގައި ފުރިހަމަކުރުމަށް ދަށުގައި ބަލާށެވެ.

PAYMENT INFORMATION [Official Use only]

Name:		Receipt No:	
ID/Registration No:		Visa Fee:	
Contact No:		Work Visa Card Fee:	
Signature:		Total Fine:	
PASSPORT/WORK VISA ID COLLECTED BY [Official Use only]		Officer Name:	
Name:		Record Card No:	
ID No:	Mobile:	Counter No:	
Date:	Signature:	Date:	Signature:

Note: Please turn over & read Essential Information on Page 2

