



# DEPARTMENT OF IMMIGRATION & EMIGRATION

Male', Republic of Maldives

IM29

## WORK VISA SUBMISSION RECEIPT

Reference No.: \_\_\_\_\_

Date: \_\_\_\_\_

**USE BLOCK LETTERS TO FILL THE FORM**

#	PASSPORT NO:	NATIONALITY	EMPLOYER ID
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**\* NOTE: 2 COPIES OF THIS FORM SHOULD BE SUBMITTED TO THE COUNTER**

SUBMITTERS INFORMATION		
NAME _____	NID _____	STAMP / SEAL
AGENCY _____	TEL NO. _____	
	FAX NO. _____	
SIGNATURE _____	MOBILE NO. _____	

RECEIVED BY ( FOR OFFICIAL USE ONLY )		
NO. OF APPLICATIONS <input type="text"/>	RCN _____	BOX NO.
DATE _____	SIGNATURE _____	

COLLECTORS INFORMATION	
NAME _____	NID _____
DATE _____	
MOBILE _____	SIGNATURE _____

**PLEASE COLLECT THE PASSPORTS AFTER \_\_\_\_\_ WORKING DAYS**

[ Please use Font " Times New Roman " & Font Size 14, to fill this form to ensure an effective, smooth process ]