

CLAIM FORM

Full name of applicant (As in the passport) (Employee):.....

Passport Number:..... Nationality:..... Work Permit No:.....

Contact numbers (Phone, Fax):.....

Full name of respondent (Employer):

Address of respondent (Employer):.....

Contact numbers (Phone, Fax):.....

Contact person:.....

Name of the Work Site:.....

Statement of problem (or matter)

1. Non payment of wages

Between 1 month and 6 months

Between 6 months and 1 year

Between 1 year and 2 years

Between 2 years and more

2. Termination of contract without notice

3. Arrived under a work permit but have not received work permit card

4. No written contract with the employer

5. Work permit card expired

6. Did not provide me a return ticket

7. Working at different work sites

8. Employer not providing food and accommodation

9. Wanted to go back due to personal reasons (state reason)

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10. Wanted to change employment (state reason)

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11. Other matters

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12. I have tried to resolve the problem (or matter) in the following way:

- Have discussed with my employer
- Have tried to resolve through my Embassy
- Have forwarded the case to Police Services
- Have forwarded the case to the Civil Court
- Have tried to resolve through my agent (Name of the Agency)

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13. I attach copies of the following documents which I think are relevant to the problem. (List all the documents that are attached, e.g. your employment contract, letters that you wish to rely on, or documents required under the Employment Regulation of Maldives)

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Declaration made by the applicant:

I hereby declare that the above information given by me is true and correct

Name:.....

Signature:.....

Date:.....

Note:

1. Claim in an identical form will be accepted.
2. Incomplete forms will not be accepted.
3. Documents specified in 13 shall be attached with this form.
4. The claim will be filed if the claimant fails to appear to ministry / respond within 7 days of request or the claimant cannot be contacted from the telephone number provided.

FOR OFFICIAL USE ONLY

Form No:.....
Remarks: