



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

## APPLICATION FORM FOR THE INFORMATION DOCUMENT

### INFORMATION OF THE RECEIPT

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:

Mobile No:

### INFORMER

Name:

Signature.

Address:

Mobile No.

**REMARKS** : (For what purpose is the document being requested))

### APPLY THIS FORM WITH THE GIVEN BELOW

- Copy of the citizen's registry (page which include the recipient's name only)
- ID card Copy
- Passport copy (data page)
- Father and Mother's ID card Copy

### COLLECTED BY:

Full Name and Address:

Signature.

National ID card No:

Mobile Number:

### FOR THE OFFICE USE:

Staff Name:

Signature:

Date:

(Fill this form clearly with block letters by a blue or black coloured pen)