

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



## EMPLOYMENT TRIBUNAL

MALE, REPUBLIC OF MALDIVES

### RESPONSE FORM

#### 1. RESPONDENT'S DETAIL

Full Name of Respondent (Individual/Official Body/Organization) \_\_\_\_\_

Identity Card/Passport number (if a company, company Reg.No) \_\_\_\_\_

Date of Birth (if an individual) \_\_\_\_\_

Email Address: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Permanent Address: House Name: \_\_\_\_\_  Floor, Apartment: \_\_\_\_\_

Street: \_\_\_\_\_ City/Island: \_\_\_\_\_ Country: \_\_\_\_\_

Current Address: House Name: \_\_\_\_\_  Floor, Apartment: \_\_\_\_\_

Street: \_\_\_\_\_ City/Island: \_\_\_\_\_ Country: \_\_\_\_\_

Address to send summon/documents: House Name: \_\_\_\_\_  Floor, Apartment: \_\_\_\_\_

Street: \_\_\_\_\_ City/Island: \_\_\_\_\_ Country: \_\_\_\_\_

#### 2. CLAIMANT'S DETAIL:

Full Name of Claimant/s (Individual/Official Body/Organization) \_\_\_\_\_

Identity Card/Passport number (if a company, company Reg.No) \_\_\_\_\_

Email Address: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Permanent Address: House Name: \_\_\_\_\_  Floor, Apartment: \_\_\_\_\_

City/Island: \_\_\_\_\_ Street: \_\_\_\_\_ Country: \_\_\_\_\_

#### 3. DETAIL OF THE CLAIM SUBMITTED TO EMPLOYMENT TRIBUNAL:

Claim Number: \_\_\_\_\_ Registered Date: \_\_\_\_\_



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**6. DOCUMENTS SUBMITTED AS EVIDENCE:**

1----- .6-----  
2----- .7-----  
3----- .8-----  
4----- .9-----  
5----- .10-----

**7. DETAILS OF WITNESS:**

Full Name -----  
Identity Card/Passport number ----- Mobile number: -----  
Email Address: -----

Address to send summon: House Name: -----  Floor, Apartment: -----  
City/Island: ----- Street: ----- Country: -----

**8. RESPONSE TO THE INTERIM ORDER SOUGHT BY CLAIMANT: (if applicable)**

**Response:**

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**I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND ACCURATE**

If response is made by legal entity, name of the persona and designation: .....

If response is made by legal entity, registered seal of the entity: .....

**Name of Respondent:** .....

**Signature of Respondent:** .....

**Date:**.....

**INSTRUCTIONS**

1. This form should be filled in English.
2. If space provided in this form to fill in the details is insufficient, details can be made in writing in the format provided herein.
3. This form should be filled clearly and legibly in black/blue ink or can type.
4. The response form will be accepted only, if required information is completed.
5. A copy of the Identity Card of the respondent should be submitted with the form. If the respondent is a company, a copy of Certificate of Company registration should be submitted.
6. When submitting this form, 3 copies of the documents mentioned in section 6 should be submitted.
7. When submitting this form, 2 copies of this form and original should be submitted.
8. If a representative or lawyer has been appointed, “Application for appointment of representative/ lawyer” form should be filled and submitted with this form. If the respondent is a legal entity a letter from that office and if a company, a board of resolution stating the details of appointed representative/lawyer’s should be submitted.