

If multiple complainants are to use one claim form fill in the following details:

1. CLAIMANT DETAIL

Full Name of Claimant -----
Identity Card/Passport number ----- Date of Birth (if an individual) -----
Email Address: ----- Nationality: ----- Mobile number: -----
Permanent Address: House Name: ----- Floor, Apartment: -----
Street: ----- City/Island: ----- Country: -----
Current Address: House Name: ----- Floor, Apartment: -----
Street: ----- City/Island: ----- Country: -----

5. EMPLOYMENT DETAIL:

Work Place:-----
Name of the Employer: -----
Employment Designation: -----
Salary/Wage: ----- Allowance: -----
Employment Commencement Date: ----- Date of Termination/Resignation: -----

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

If claim is submitted by a legal entity, name of the person and designation:

If claim is submitted by a legal entity, registered seal of the entity:

Name of Claimant:

Signature of Claimant: