

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



EMPLOYMENT TRIBUNAL

MALE, REPUBLIC OF MALDIVES

CLAIM FORM

1. CLAIMANT/S DETAIL

Full Name of Claimant/s (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. RESPONDENT'S DETAIL:

Full Name of Respondent (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: -----

Street: ----- City/Island: ----- Country: -----

Current Address: House Name: ----- Floor, Apartment: -----

Street: ----- City/Island: ----- Country: -----

3. IF RESOLVED THROUGH LABOUR RELATIONS AUTHORITY:

LRA Letter number: -----

Submitted Date: ----- Decision date: -----

4. IF PREVIOUSLY SUBMITTED TO EMPLOYMENT TRIBUNAL:

Claim number: -----

Submitted Date: ----- Decision date: -----

5. EMPLOYMENT DETAIL:

Work Place:-----

Name of the Employer: -----

Employment Designation: -----

Salary/Wage: ----- Allowance: -----

Employment Commencement Date: ----- Date of Termination/Resignation: -----

6. TYPE OF CLAIM:

7. DETAILS OF CLAIM:

8. ACTIONS TAKEN TO RESOLVE THE DISPUTE:

9. REMEDY SOUGHT BY THE CLAIMANT:

10. DOCUMENTS SUBMITTED AS EVIDENCE:

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

11. DETAILS OF WITNESS:

Full Name -----

Identity Card/Passport number ----- Mobile number: -----

Email Address: -----

Address to send summon: House Name: ----- Floor, Apartment: -----

Street: ----- City/Island: ----- Country: -----

12. IF REQUESTING FOR AN INTERIM ORDER

Reason for requesting an interim order:

Why interim order should be made?

Sort of order the applicant is looking for

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:

Date:.....

FOR EMPLOYMENT TRIBUNAL USE ONLY

Date of Submission of claim:..... Decision 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 claim form will be accepted only, if required information is completed.
5. A copy of the Identity Card of the claimant/representative/lawyer should be submitted with the form. If the claimant 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 10 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 claimant 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.