



މާލެ ސަރުކާރުގެ ގެޒެޓް
ފަންޓޭޝަނަލް ރިޕްރެސެންޓޭޝަން ރިޕްލިކެންޓް ފޯމް
LEGAL REPRESENTATION REQUEST FORM

[TO BE FILLED IN CAPITAL LETTERS]

DETAILED OF THE DETAINEE
މާލެ ސަރުކާރުގެ ގެޒެޓް
Full Name
Date of Birth
Gender
Nationality
Passport Number

DETAILED OF THE LAWYER
މާލެ ސަރުކާރުގެ ގެޒެޓް
Full Name
Permanent Address
Present Address
ID / Passport No:
Contact No:
Email Address
Date and Time of request
Place of work
Fingerprint
Signature
Legal practice license no:
I hereby accept and request to arrange the aforementioned detainee as my client.

DOCUMENTS CHECKLIST
މާލެ ސަރުކާރުގެ ގެޒެޓް

1	މާލެ ސަރުކާރުގެ ގެޒެޓް In case of an appointment by family or sponsor or foreign mission, letter from the family, sponsor or foreign mission	
2	މާލެ ސަރުކާރުގެ ގެޒެޓް In case of appointment by family, Identity Document of the family member	
3	މާލެ ސަރުކާރުގެ ގެޒެޓް Lawyer license certificate copy	
4	މާލެ ސަރުކާރުގެ ގެޒެޓް ID copy of the lawyer	

NOTE
މާލެ ސަރުކާރުގެ ގެޒެޓް
In case of volunteer lawyers, a letter is not mandatory.
The form shall be emailed to legal@immigration.gov.mv

OFFICIAL USE ONLY
މާލެ ސަރުކާރުގެ ގެޒެޓް

DECLARATION OF DETAINEE
މާލެ ސަރުކާރުގެ ގެޒެޓް
Full Name
Nationality
Passport No:
I hereby accept the aforementioned individual as my legal representative.
Fingerprint
Signature
Suspended Lawyer
Form received by
RC Number
Date
Signature