

APPLICATION FORM FOR THE POST OF INDEPENDET DIRECTOR

Personal Information		
Full Name		
ID Card / PP No		
Date of Birth		
Contact Number		
Present Address		
Permanent Address		
E-mail address		
[
Educational Qualification (degree and above qualif	ications)	
Qualification	Name of Awarding Institute	Period
	T	
Professional Qualifications	Name of Professional Body	Last Date as a member in good standing
Employment History		
Current post		
Place of employment		
Employment history for the past 5 years Entity	Designation	Period
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Details of Descent Discoutor-bir-	1	
Details of Present Direcrtorships	Date Appointed]
Entity	Date Appointed	
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Declaration of Independence	YES / NO	
do you own 1% or more effective equity interest of the Company's equity capital, either in own name or together with other Immediate Family combined or together with an entity owned by the persons or his Immediate Family		
2. do you represent a shareholder who has more than 1% equity interest in the Company		
3. do you currently serve, or have served in the past four (4) years in the Company; or any of the majority shareholders		
4. have you been affiliated with a significant customer of the Company		
5. have you served the Board or any other Senior Management position at another competing entity within the past twelve months		
Applicnt's Declaration		
I hereby certify that the information given above is true and accurate and that this application would be disqualified have been provided.	/cancelled if any false/misleading information is found to	
Name:		
Signatre:		

Notes:

Documents required with the application form

- * Copy of the national identity card or passport copy
- * Resume of the applicant
- * Copies of Educational Certificates accredited by the MQA
- st Record clearance from the following Bodies;
- a. Department of Judicial Administraion
- b. Anti-Corruption Commission
- c. Maldives Police Service
- d. Prosecutor Genral's Office