

Collection Slip

Acceptance No.	(Official use)
Expected date of collection	(Official use)
Receipt	Date: Name of applicant: Sign of recipient:
(Authorization) I agree that the following person will receive the VISA on my behalf.	Date: Name of applicant: Sign of applicnat: Name of trustee:
VISA fee	MVR
Remarks (Official use)	

VISA counter open hours

Sunday – Thursday

10:00-12:00, 14:00-16:00

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