



MALDIVES
INLAND REVENUE
AUTHORITY

Request for Information under the Right to Information Act

- Submit this form to request for information under the Right to Information Act (Law Number 1/2014).
- Submit a copy of the applicant's National Identity Card or company registration certificate with this form.
- Under normal circumstances, we will not charge any fee to process your request. However, we may charge a fee if the cost of processing your request is unusually high. Where a fee is applicable, you will be advised of it before we process your request.
- The Tax Administration Act (Law Number 3/2010) prohibits MIRA from disclosing taxpayer-specific information to third parties. Therefore, such information will not be provided.

1. Details of the Applicant

Name

Identification Number (e.g. National Identity Card Number, Passport Number, Company Registration Number, etc.)

Contact Number

Address

Taxpayer Identification Number (TIN) (Complete ONLY if you are registered with MIRA)

2. Requested Information

Please provide as much detail as possible about the information you are requesting for

Details of the information (Use additional sheets if necessary)

Period to which the information relates

Document reference numbers (If applicable)

3. Preferred Access Type

- (a) Opportunity to inspect the documents, or listen to or view audio/video
- (b) Receive a soft copy of the documents (please complete item 4 overleaf)
- (c) Receive a hard copy of the documents (please complete item 5 overleaf)

please turn over

Acknowledgment of Request for Information

We acknowledge the request for information submitted by the below mentioned party. This receipt is issued pursuant to section 6(f) of the Right to Information Act.

Request Submitted By

Request Received By

Received Date

Time

Signature & Seal

4. Address to email the Documents

Complete ONLY if you ticked 3(b)

Email Address

5. Address to post the Documents

Complete ONLY if you ticked 3(c).

Leave blank if you wish to collect the documents from MIRA yourself.

<input type="text"/>	<input type="text"/>	<input type="text"/>
House Name / Building Name	Level	Apartment Number
<input type="text"/>		<input type="text"/>
Street		Atoll / City
<input type="text"/>	<input type="text"/>	<input type="text"/>
Island / District	Postcode	Country

Declaration by Individuals

I agree to pay any fee that may be charged by MIRA to process my request.

Signature

Finger Print

Date

Declaration by Legal Entities

I declare that I am authorised to sign this request. I further agree to pay any fee that may be charged by MIRA to process my request.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Other Names	Contact Number	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Designation	Email Address	Date	Signature & Seal	

For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Reference Number	Fee Payable
	<input type="text"/>		<input type="text"/>
			Receipt Number