

Maldives Correctional Service

Republic of Maldives

Request form for Lawyer visit via video call

		Details of the person in custody								
Full name						Passport				
Tun name						no.				
Permanent						Residing				
Address						prison				
		Details of the person requesting the meeting								
Full name		Permanent	ID C	ard	Lawyer	Mobile	Signature			
		Address	Num	ber	permit no.	Number				
			I							
		Rega	rding the	e meetin	g					
Purpose of the meeting										
Preferred date for the m	neeting									
I/We hereby declare that the information are found to be submission of this form shall	e inaccurate	or altered from the ta	ruth, I/we sh	nall be pen	alized under the la	aw. Furthermore,	I/we accept that the			
				Attention						
Signature:										
Date:				${}^{\bigstar}$ If writing for the first time, documents stated in 1 and 2 need to be submitted.						
				 If whiting for the second time or more, need to only submit the document stated in 1. During the video call, only persons mentioned in the request form can be seen or participate in the call in 						
Ray (neuter.					the value and her other responsibilities are reduced to state of his confidence as one case as					
Detail of Skype ID				$\bullet \ Throughout out the video call, the family members or the lawyers must be stationed in a quiet location pre-$						
Account name				assigned by them. The comera focus should be on the persons joining the cell at all times. The comera focus should not be						
2. Email Address	nerved around to show irrelevant sights.									
				20 90	ots of the call must be deessed in					
Essential Docu	ıment need	to be Attached			L the participants shall not quan all, the narticipants shall not					
Copy of National Identity Card of visitors				 Diving the call, the participants shall not use words, actions or communicate in a manner that is unacceptable to the society norms, nor show any such anagery or scene. 						
Copy of authorization certificate to practice law at the Courts				 During the call, no communication shall be made that could compromise the security of the prison. The video call must not be recorded, taken screen shots of or shared at any platform 						

For official use only									
	Rank and Name	S.No	Signature	Date / time					
Form received by:									
Visit approved by:									
Visit granted by:									