



Biometric Data Form (Overseas)

Maldivian NID:

Authorization Stamp

Name (as in ID card) : _____

Exemptions/Remarks

(including missing/injured fingers, if possible, provide medical document/pictures of injury)

Signature:

(if applicant cannot sign, please provide additional documents regarding the condition)

Impressions taken by: (staff name)

Organization Name:

Date:

1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little
10. Left Little	9. Left Ring	8. Left Middle	7. Left Index	6. Left Thumb

Plain Impressions of LEFT hand -Taken Simultaneously	Plain Impressions of Thumbs		Plain Impressions of RIGHT hand -Taken Simultaneously
	Left	Right	

Note: Please send this document through an official email or AUTHORISED ORGANIZATION to:

cardsection@dnr.gov.mv

Sample biometrics fingerprints

(The image should be clear and of high quality, with the complete fingers visible, including the middle sections of each finger)

1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little
				
10. Left Little	9. Left Ring	8. Left Middle	7. Left Index	6. Left Thumb
				

Plain Impressions of LEFT hand -Taken Simultaneously	Plain Impressions of Thumbs		Plain Impressions of RIGHT hand -Taken Simultaneously
	Left	Right	
			