بسم الله الرحمن الرحيم

Islamic University of Maldives – IUM
Violet Magu, Henveiru, Male' City , 20037
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ISLAMIC UNIVERSITY OF MALDIVES

Form no:

Application form to request for a lawyer
Anti Sexual abuse and harrasement Committee

Section 1 – Applicant Information

Full Name:	ID Card / Passport Number:
Current Address:	Mobile:
Are you a Staff or Student:	Email:
If you are a Staff, name of the Kulliyah or Centre you are working:	
If you are a Staff, name of the job position:	
If you are a Student, name of the Kulliyah or Centre you are studying:	
If you are a Student, name of the course:	

Section 2 – Information about the lawyer

Full Name:	ID Card / Passport Number:
Permanent Address:	Mobile:
Current Address:	Email:
Designation and Workplace:	
Lawyers license number and Date of the license:	

Section 3 – Declaration of the Applicant

I have declared …… as my lawyer for the ongoing investigation / case.	
Name:	Sign and Fingerprint:
Date and Time:	

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Section 4 – Declaration of the Lawyer

I approve and declare the request to become the lawyer of …… as per the agreed terms with the accused.	
Name:	Sign and Fingerprint:
Date and Time:	

For Office Use Only	
Case Number:	Investigating officer / body:
Form received by Name: Designation: Date and Time: Sign:	

Note: Please submit lawyer license copy, ID card copies of both applicant and lawyer.