

WOB DATABASE REGISTRATION

Please complete ALL the Sections and return this form to:

Address M. Westend, 3rd Floor
Handhuvaree Higin Male', Maldives.
Tel +960 3314907
Fax +960 3314920
Email admin@womenonboards.org.mv

This form can be downloaded from www.womenonboards.org.mv
Please attach CV and a copy of National Identity Card when submitting the application.

***WOB Database (WOBD)** is for current directors and potential directors of companies and other institutions.*



APPLICANT DETAILS

Title:

Ms. Dr. Other:

Name:

Date of Birth:

National Identity Card Number:

Other information:

Current Address:

.....
.....
.....

Permanent Address:

.....
.....
.....

Telephone: | Mobile:

Email:

Desired communication:

Email Phone

ACADEMIC BACKGROUND

Qualification:

Doctoral Degree Diploma
 Master's Degree Others
 Bachelor's Degree

Area of Study

BOARD MEMBERSHIP DETAILS AND TYPES OF DIRECTORSHIPS HELD

Describe the type of institution you are currently involved; (eg. NGO, Private company)

Describe your professional background.

Testimony

I hereby apply to be registered on the **WOBD**. I confirm that I have no criminal record. I also undertake that the information provided above is true and correct. I also agree to inform WOB if there is a change in the information provided by me.

I also authorize WOB to share all information provided by me to relevant parties as required.

Signature:

Date:

Disclaimer: Women On Boards (NGO) will not be responsible for any loss or damages incurred by any person by the use of information provided in the WOBD.

FOR REGISTRATION ONLY:

Data base Number:

Checked (1) by:

Checked (2) by: