

ދިވެހިރާއްޖޭގެ ބޭނުންކުރާ ފޯމް  
 01 ވަނަ ބައި

**SHAREHOLDER'S INFORMATION FORM**

Date: .....

.....: ބަނޑު

**SECTION 01**  
01 ވަނަ ބައި

**SHAREHOLDER'S BASIC INFORMATION** ދިވެހިރާއްޖޭގެ ބޭނުންކުރާ ފޯމް

Full Name of Shareholder: (Name as per ID OR Registration Certificate of Company / Association)		Date of Birth:	
National ID no. OR Company/ Association Reg. no:		Share Registry no:	
Permanent Address:		Certificate / MSD no:	
		MSD no:	
		No. of shares:	
Residential Address:		Contact / Fax no(s):	
		E-mail:	

**IF THE SHAREHOLDER IS BELOW 18 YEARS OF AGE PLEASE PROVIDE THE FOLLOWING INFORMATION.**

**INFORMATION RELATING TO PARENT / GUARDIAN**

Full Name of Parent / Guardian: (Name as per ID)		Date of Birth:	
National ID no:		Residential Address:	
Permanent Address:			
Contact no:		E-mail:	

**SECTION 02**  
02 ވަނަ ބައި

**METHOD OF DIVIDEND PAYMENT (PLEASE TICK THE DESIRED BOX)**

a) Request to Pay Dividend by Cash	<input type="checkbox"/>
b) Request to Deposit Dividend to a BML account Account no. (MRF A/C only):	<input type="checkbox"/>

Full Name of Payee / Account Holder: (Name as per ID)	
National ID no:	Contact no:

*Note: If the selected method of dividend payment is to a bank account, the dividend payable for the forthcoming years will continue to be paid to the account unless otherwise instructed by the shareholder.*

**SECTION 03**  
03 ވަނަ ބައި

**ASSURANCE BY SHAREHOLDER OR PARENT/GUARDIAN**

I hereby declare that all of the information provided by me in the aforesaid sections are true and accurate.

Company/Association Seal:..... Signature.....

**FOR BANK'S USE ONLY**

Updated By:	Checked By:
Signed: ..... Date.....	Signed: ..... Date.....
Name & User ID: .....	Name & User ID: .....

(DOCUMENTS TO SUBMIT WITH THIS FORM ARE STATED ON THE OTHERSIDE)

