YOUR REQUEST

☐ Cash Card ☐ Visa Debit Card

☐ New Card (Applicant must be at least 18 years of age)

☐ Replacement Card (Specify Reason)

☐ Lost/Stolen ☐ Damaged ☐ Forgotten PIN ☐ Expired

☐ Change Details

☐ Add Account(s) ☐ Delete Account(s) ☐ Change Address

YOUR DETAILS

☑ Mr ☐ Ms ☐ Dr ☐ M/S

Full Name (Business Name, if Company/Organization/Firm)

ID Card No. / Business Reg. No. (Please attach a copy)

Your name as you want it to appear on the Card (Maximum 19 characters including spaces)

Existing customers of Debit Card or Credit Card or Internet Banking services need not fill in the below section unless you wish to change existing details provided to us. If you are a new customer who has not applied to any of the above services please fill in your details.

Permanent Address (Registered office Address, if Company/Organization/Firm)

Mailing Address (if different from above)
*All your Debit Card/Credit Card/Internet Banking service correspondence will be mailed to this address.

Telephone | Mobile

Email

Marital Status ☐ Single ☐ Married

Nationality | No. of Dependants

Passphrase (Write your own 4-8 character word for identification and security reasons)

Employment Status: ☐ Salaried ☐ Self- employed ☐ Retired

Occupation

Monthly Basic Salary MRF | Other Income MRF

YOUR ACCOUNTS TO BE LINKED

If you have a Bank of Maldives Debit Card or access to Maldives Internet Banking facility then the accounts linked to those services will be linked to the requested Card and therefore you need not fill the section below. Please fill the details below if you require to add accounts or remove any of the existing accounts.

Primary Account — Currency — Add ☐ Delete ☐

Additional Accounts to be linked

IMPORTANT INFORMATION

1. In the case of a Joint Account/Partnership Account, all parties must sign. Joint Account holder/partner may each possess Bank of Maldives Debit Card by which a separate application form should be furnished for each individual.

2. In the case of a Company Account the form must be signed by the Authorised Signatory(ies) of the account. A Board Resolution and an Indemnity is required when applying for a new Card.

CARD AND PIN DELIVERY

☐ Collect from Bank of Maldives Card Centre ☐ Collect from Bank of Maldives.....Branch

☐ Mail to the above Mailing Address

Your application will be processed within 5 working days. Cards and PINs not collected within one month will be destroyed.

DECLARATION

This declaration is made to Bank of Maldives Plc. By signing below I/we ask a Bank of Maldives Debit Card (Cash Card/Visa Debit Card) to be issued for me/us. I/We confirm that I/we am/are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Bank of Maldives Debit Card. I/We agree that my/our Debit Card(s) will be only used subject to the terms and conditions of Bank of Maldives Debit Card Cardholder Agreement (a copy of which is delivered to me/us with my/our Debit Card(s)) and other account terms and conditions issued by the Bank of Maldives Plc. I/We accept that the usage of the Bank of Maldives Debit Card will be construed by the Bank as acceptance of the terms and conditions of the Cardholder Agreement by the Cardholder. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that Debit Cards will be issued at the sole discretion of the Bank.

Applicant's Signature Date:

Applicant's Signature Date:

FEES AND CHARGES

Fee Name	Visa Debit	Cash Card
Joining & Annual Fee	MRF 100	MRF 10
Card / PIN Replacement Fee	MRF 65	MRF 10
*Bank of Maldives ATMs Cash Withdrawal	MRF 2	MRF 2
*Other Bank ATMs Cash Withdrawal	MRF 25	N/A
Bank of Maldives ATMs Balance Enquiry	Free	Free
*Other Bank ATMs Balance Enquiry	MRF 10	N/A
Sales Slip Retrieval (on disputed transaction)	MRF 65	N/A

*Charges per Transaction

Joining & Annual Fee will be charged on the day of registration and 2nd working day of each new calendar year. All charges, fees and interest rates (finance charges) are subject to change without notice at the Bank's sole discretion. Details and fees applicable to the Card and its use are stated in the Bank's schedule of charges.

FOR BANK USE ONLY

	Staff ID	Initials
Form received and verified by		
Relevant account operation authority for all listed accounts verified by		
Signatures for all listed accounts verified by		
Application Input to CMS by		
Checked and Authorised by		