

JOINT ACCOUNTS

Supplementary Form

This form should be filled by each additional joint account holder for Joint Accounts and Joint Fixed Deposit Accounts and should be submitted along with the **Account Opening Form for Personal Banking Customers**

Have you each also submitted the **Information Form for Personal Banking Customers**?

- Yes (please fill this form and submit to the Bank)
- No (please fill the above mentioned form and submit to the Bank along with this form)

For Bank use only

Applicant No []	Customer No: <input style="width: 100%;" type="text"/>
Applicant No []	Customer No: <input style="width: 100%;" type="text"/>
CRM No:	<input style="width: 100%;" type="text"/>

Please fill form in **CAPITAL LETTERS**

SECTION A - YOUR DETAILS

<p>Title</p> <p>Full Name (as in ID Card/as in PP for Foreigners)</p> <p>ID Card No. (For Maldivians)</p> <p>Passport No. (For Foreigners)</p> <p>Contact No.</p> <p>Relationship between primary applicant and Joint Account Holder</p> <p>If opening more than one Joint Account, please specify the Joint Account related to each applicant</p> <p>Passphrase (For new customers and customers who have forgotten and wish to renew their passphrase)</p> <p>Account operation mandate and survivor rights for Joint Accounts Only. (tick any one of the options provided under each case)</p>	<p>Joint Applicant No []</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p><input type="checkbox"/> Other, please specify</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p>.....</p> <p>Please select the Joint Account (refer Section B of Account Opening Form - Personal Banking Customers)</p> <p><input type="checkbox"/> Account No [1]</p> <p><input type="checkbox"/> Account No [1]</p> <p><input style="width: 100%;" type="text"/></p> <p>(Write your own 4-8 character word. Passphrase will be used for identification and security reasons)</p> <p>The Bank may accept signature(s) as follows for account operation and withdrawal of funds:</p> <p><input type="checkbox"/> Any one</p> <p><input type="checkbox"/> Any two</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Others, please specify</p>	<p>Joint Applicant No []</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p><input type="checkbox"/> Other, please specify</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p>.....</p> <p>Please select the Joint Account (refer Section B of Account Opening Form - Personal Banking Customers)</p> <p><input type="checkbox"/> Account No [1]</p> <p><input type="checkbox"/> Account No [1]</p> <p><input style="width: 100%;" type="text"/></p> <p>(Write your own 4-8 character word. Passphrase will be used for identification and security reasons)</p> <p>The Bank may accept signature(s) as follows for account operation and withdrawal of funds:</p> <p><input type="checkbox"/> Any one</p> <p><input type="checkbox"/> Any two</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Others, please specify</p>
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SIGNATURE:

