

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>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>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>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:

	<p>If the Bank becomes aware of the death of any party to the account, the Bank shall:</p> <p><input type="checkbox"/> allow operation of the account with signature of survivor(s) as per existing mandate</p> <p><input type="checkbox"/> allow operation of the account with signature of all the survivors only</p> <p>(In both options above, survivors are required to close the account and withdraw or transfer all the funds and close the account as soon as possible)</p> <p><input type="checkbox"/> cease to allow further operation of the account, and any money to be paid to the legal heirs of the deceased and the survivor(s) through court order</p>	<p>If the Bank becomes aware of the death of any party to the account, the Bank shall:</p> <p><input type="checkbox"/> allow operation of the account with signature of survivor(s) as per existing mandate</p> <p><input type="checkbox"/> allow operation of the account with signature of all the survivors only</p> <p>(In both options above, survivors are required to close the account and withdraw or transfer all the funds and close the account as soon as possible)</p> <p><input type="checkbox"/> cease to allow further operation of the account, and any money to be paid to the legal heirs of the deceased and the survivor(s) through court order</p>
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DECLARATION

This declaration is made to Bank of Maldives Plc

I/we hereby agree:

Fixed Deposit Terms (please tick here if you are opening a Joint Fixed Deposit Account)

- That the deposit is repayable only at maturity along with the benefit.
- That if at my/our request the Bank agrees to make payment before maturity, I/we agree that such repayment would be on forfeiture of entire accrued benefit unless the Bank at its discretion, decides to pay benefit at a rate equal to the period the deposit remained in force or at the rate agreed by me/us as per the decision of the Bank.

General Terms

- To having read, understood and expressly assent to be bound by the Bank's Terms and Conditions as amended from time to time.
- To be bound by the Bank's Schedule of Charges as amended from time to time. A copy of the current tariff is available at www.bankofmaldives.com.mv

Primary Applicant []

Name	Signature	<input style="width: 100%; height: 20px;" type="text"/> Date
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Joint Applicant []

Name	Signature	<input style="width: 100%; height: 20px;" type="text"/> Date
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Use Signature provided with this Application Form and update existing account signatures, if any

Use Signature provided for Account Number

Joint Applicant []

Name	Signature	<input style="width: 100%; height: 20px;" type="text"/> Date
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Use Signature provided with this Application Form and update existing account signatures, if any

Use Signature provided for Account Number

If more than two Joint Applicants, please complete and submit an additional Joint Supplementary Form along with this form

