

ADDITIONAL CORPORATE CARD Application Form

Please fill form in **CAPITAL LETTERS**

NOMINEE INFORMATION

Name of Business / Institution

Registration No. (Business /Company/shop/Institution)

Full Name

Emboss Name

(Maximum 20 characters including spaces)

ID Card No.
(Passport Number for foreigners)

(please attach copy)

Work Permit No.
(For foreigners)

(please attach copy)

Designation

No. of years of service at this Business / Institution

Permanent Address

House / Building Name

Street Name

Flat No. / Floor

District, Atoll, Island

Post Code

Country

Mailing Address (All statements and correspondence will be mailed to the address below)

House / Building Name

Street Name

Flat No. / Floor

District, Atoll, Island

Post Code

Country

Mobile:

Email:

Telephone:

Requested limit for Nominee (USD)
(Cannot exceed total limit
approved for the Organization)

CARD DELIVERY

Collect from Bank of Maldives

Post to Organisation

RATES

Fee Name	Amount
Joining Fee	USD 50
Annual Fee	USD 100
Additional Card Annual Fee	USD 50
Interest Rate	2.65% p.m.

SIGNATURE:

DECLARATION

By signing below I / We request for a Corporate Card Account to be opened in the name of this organisation, and card(s) to be issued to the Nominee(s) requested. I / we agree to be bound by the Bank of Maldives Visa corporate Card Agreement, a copy of which will be provided to me / us with the Corporate Card. I / We certify that all information in this application is true and correct in all respects and the Organisation will be liable for all transactions and charges incurred in respect of all cards issued under the organisation's corporate card account. I/we agree that the Nominee is responsible for his / her liabilities incurred in respect of his / her card.

.....
 Signature of the Nominee D D M M Y Y Y Y
Date

.....
 Authorised Signature D D M M Y Y Y Y
Date

.....
 Authorised Signature D D M M Y Y Y Y
Date

.....
 Company Seal

For Bank use only

	Staff ID:	Signature:	Date:
Form received & verified by	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
Account operation authority & signature(s) verified by	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
Application input to ICCS by	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y
Input checked by	<input type="text"/>	<input type="text"/>	D D M M Y Y Y Y

 Credit Appraisal Remarks: -----

Credit Limit for Organisation (USD)

Recommended by	Signature:	Date:	Security:
	<input type="text"/>	D D M M Y Y Y Y	<input type="text"/>

Approved by	Signature:	Date:	Lien Amount:
	1. <input type="text"/>	D D M M Y Y Y Y	<input type="text"/>
	2. <input type="text"/>	D D M M Y Y Y Y	

Lien marked by	Signature:	Date:
	<input type="text"/>	D D M M Y Y Y Y

Decision input	<input type="text"/>	D D M M Y Y Y Y	Approved <input type="checkbox"/>	Declined <input type="checkbox"/>
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Audit checked by	<input type="text"/>	D D M M Y Y Y Y
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