

VAARU CARD

Application Form

YOUR REQUEST

- New Card (Applicant must be at least 18 years of age)
- Replacement Lost/Stolen Damaged Expired
- Fraud Capture Others (Specify)
- Change Details Add Account(s) Remove Account(s)

Please fill form in CAPITAL LETTERS

YOUR DETAILS

If you have not submitted the Information Form for Business Banking Customer and Information Form for Personal Banking Customers or the information is not updated or is incomplete, please submit the 'Information Form for Business Banking Customers' and Information Form for Personal Banking Customers' (for the nominee) to process your request for the card.

Name of the business/
Institution

Registration No.
(Business/Company/Institution)

Taxpayer Identification No.

NOMINEE INFORMATION

Full Name
(as in ID Card/Passport)

ID Card No.
(Passport Number for foreigners) (Please attach a copy)

Name to be embossed on Card
Fill only if "Full Name" Characters exceed more than 19 alphabets
Your name as you want it to appear on the Card (Maximum 19 characters including spaces)

Signature:

ACCOUNTS TO BE LINKED TO CARD

Please fill the details of the accounts to be linked to your card

		Currency	Add	Delete
Account 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Two separate cards will be issued for MVR and USD cards

CARD AND PIN DELIVERY

Collect from Bank of Maldives Branch / Center.

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

IMPORTANT INFORMATION

1. In the case of a Company Account the form must be signed by the Authorized signatory(ies) of the account. A Board Resolution is required when applying for the Card.
2. By a Board Resolution a person must be nominated (with such details as the Full Name, Citizen ID/Passport Number, Contact Number) who is authorized to receive the card from Bank of Maldives. A copy of Citizen ID/Passport/Articles of Association/ Company Profile/Work Permit should be furnished with the application form.
3. If Nominee wants to appoint a person to collect the card, a letter to indicate so or power of attorney should be submitted.

DECLARATION

This declaration is made to Bank of Maldives Plc. By signing below, I/we ask a VAARU 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 the account linked to this Bank of Maldives Card. I/We agree that my/our VAARU Card will only be used subject to the terms and conditions of Bank of Maldives Debit Cardholder Agreement (a copy of which is delivered to me/us with my/our VAARU Cards(s)) and other account terms and conditions issued by the Bank of Maldives Plc. I/We accept that the usage of the VAARU Card will be constructed by the Bank as acceptance of the terms and conditions of the Cardholder Agreement by the Cardholder. I/We accept that the VAARU Card can only be used to make payments to MIRA. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that VAARU Cards will be issued at the sole discretion of the Bank.

NOTE: Details and fees applicable to the Card and its use are stated in the applicable Bank's schedule of charges. All charges and fees are subject to change without prior notice at the Bank's sole discretion.

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Signature of the nominee

Date

D	D	M	M	Y	Y	Y	Y
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.....
Additional signature (For Joint accounts)

Date

D	D	M	M	Y	Y	Y	Y
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.....
Company Seal

FOR BANK USE ONLY

	Staff Name & ID	Signature
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 system by		
Checked and authorized by		

