

CORPORATE CARD

Application Form

Please fill form in **CAPITAL LETTERS**

BUSINESS INFORMATION			
Type of Business	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Club/Society/Association	<input type="checkbox"/> NPO/NGO/Charity
	<input type="checkbox"/> Government Institution	<input type="checkbox"/> Co-operative Society	
	<input type="checkbox"/> Others, please specify		
Name of Business / Institution		Telephone	
Registration No. (Business /Company/shop/Institution)		Fax	
Registration Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Email	
Registered Address			
House / Building Name	<input type="text"/>	Street Name	<input type="text"/>
Flat No. / Floor	<input type="text"/>	District, Atoll, Island	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
Mailing Address (All statements and correspondence will be mailed to the address below)			
House / Building Name	<input type="text"/>	Street Name	<input type="text"/>
Flat No. / Floor	<input type="text"/>	District, Atoll, Island	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
Nature of Business (Please tick all relevant)	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Export	<input type="checkbox"/> Fisheries
	<input type="checkbox"/> Health Services	<input type="checkbox"/> Import	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> Travel/Tourism	<input type="checkbox"/> Retail / Wholesale Trading	<input type="checkbox"/> Professional / Consultancy
	<input type="checkbox"/> Catering/Restaurant	<input type="checkbox"/> Transport	<input type="checkbox"/> Education / Training
	<input type="checkbox"/> Construction	<input type="checkbox"/> Others, please specify	
	From the above list please specify the primary business activity		
No. of Executives (Refers to Directors / Partners / Executives of an institution)	<input type="text"/> <input type="text"/> <input type="text"/>	No. of Employees	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SIGNATURE:

ADDITIONAL INFORMATION

Commencement of Business Activity

Total Paid up Capital

Total Assets

Net Profit after Tax
for past 2 years

MVR:

Year:

MVR:

Year:

No. of Shareholders

Main Banker

Credit Facilities

No. of Directors

Bank

Facility

Ccy

Limit

Outstanding

Bank	Facility	Ccy	Limit	Outstanding

CONTACT PERSON INFORMATION

Full Name

Designation

Mobile:

Email:

Telephone:

CARD AND PAYMENT INFORMATION

Emboss name of organisation

(Maximum 20 characters including spaces)

Total Corporate Limit Requested

USD:

Requested Limit for Nominee

USD:

Settlement Account Number

Settlement Account Option

5% (minimum payment)

Full Payment

Interest will not be charged to your Card account if fully settled on or before the due date.

NOMINEE INFORMATION

Full Name

Name to be embossed

(Maximum 20 characters including spaces)

ID Card No.

(Passport Number for foreigners)

(please attach copy)

Work Permit No.

(For foreigners)

(please attach copy)

Designation

SIGNATURE:

Permanent Address			
House / Building Name	<input type="text"/>	Street Name	<input type="text"/>
Flat No. / Floor	<input type="text"/>	District, Atoll, Island	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
Mailing Address (All statements and correspondence will be mailed to the address below)			
House / Building Name	<input type="text"/>	Street Name	<input type="text"/>
Flat No. / Floor	<input type="text"/>	District, Atoll, Island	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Telephone:	<input type="text"/>		

CARD DELIVERY

Collect from Bank of Maldives Post to Organisation

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

Date

.....
Authorised Signature of the Company

Date

.....
Authorised Signature

Date

.....
Company Seal

For Bank use only

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

Credit Appraisal Remarks: _____

Credit Limit for Organisation (USD)

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

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

	Signature:	Date:	Approved	Declined
Lien marked by	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision input	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit checked by	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

Supporting documents attached

<input type="checkbox"/> Copy of business registration certificate	<input type="checkbox"/> Copy of audited financial statements of the last financial year
<input type="checkbox"/> Board resolution in format attached (soft copy may be downloaded from the bank's website)	<input type="checkbox"/> Nominee's ID card / PP / Work permit copy

Note: Separate cardholder Application required for each additional nominee

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:

