

# CORPORATE CARD

## Application Form

Please fill form in **CAPITAL LETTERS**

### YOUR REQUEST

New Card

Card Type

MVR

USD

(Applicants must be at least 18 years of age)

Replacement

Lost/Stolen

Damaged

PIN Only

Expired

Fraud Capture

Others (specify) \_\_\_\_\_

### BUSINESS INFORMATION

Type of Business

Public Limited Company

Private Company

Sole Proprietorship

Partnership

Club/Society/Association

NPO/NGO/Charity

Government Institution

Co-operative Society

Others, please specify .....

Name of Business / Institution

Telephone

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

Fax

Registration Date

Email

Registered 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

SIGNATURE: .....

**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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**No. of Employees**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**ADDITIONAL INFORMATION**

**Commencement of Business Activity**

<b>Total Paid up Capital</b>		<b>Total Assets</b>		
<b>Net Profit after Tax for past 2 years</b>	<b>MVR:</b>	<b>Year:</b>	<b>MVR:</b>	<b>Year:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>No. of Shareholders</b>	<input type="text"/>	<b>Main Banker</b>	<input type="text"/>	
<b>No. of Directors</b>	<input type="text"/>	<b>Credit Facilities</b>	<input type="text"/>	
<b>Bank</b>	<b>Facility</b>	<b>Ccy</b>	<b>Limit</b>	<b>Outstanding</b>
<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"/>

**CONTACT PERSON INFORMATION**

**Full Name**

**Designation**

**Mobile:**

**Telephone:**

**Email:**

**CARD AND PAYMENT INFORMATION**

**Emboss name of organisation**

( Maximum 19 characters including spaces )

**Total Corporate Limit Requested**  **USD**

**Requested Limit for Nominee**  **USD**

**Settlement Account Number**

(If a USD Card type is selected, the settlement account must be a USD Account)

**Settlement Account Option**

 5% (Minimum Auto Pay)  Full Auto Pay

SIGNATURE: .....

## NOMINEE INFORMATION

Full Name

Name to be embossed

( Maximum 19 characters including spaces )

ID Card / Passport No.  
( Passport Number for foreigners )

( Please attach copy )

Work Permit No.  
( For foreigners )

( Please attach copy )

Designation

### 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:

## CARD DELIVERY

Collect from Bank of Maldives

Post to Organisation

## IMPORTANT INFORMATION

Supporting documents attached

Copy of business registration certificate

Copy of audited financial statements of the last financial year

Board resolution in format attached (soft copy may be downloaded from the bank's website)

Nominee's ID card / PP / Work permit copy

Note: Separate cardholder Application required for each additional nominee

# 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. I/We understand that the outstanding balance for USD Visa Credit Corporate Cards will have to be settled in USD. I / We accept and (if applicable, undertake the responsibility to ensure the person issued the card at my request) agree that the Card will only be used subject to Bank of Maldives Credit Card Terms & Conditions (available from Bank of Maldives website) and other applicable Terms and Conditions issued by Bank of Maldives Plc.

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 notice at the Bank's sole discretion.

..... Signature of the Nominee	<input type="text"/> Date
..... Authorised Signature of the Company	<input type="text"/> Date
..... Authorised Signature	<input type="text"/> Date
..... Company Seal	

SIGNATURE: .....

