To:
Bank of Maldives Plc
11, Boduthakurufaanu Magu,
Male' 20094,
Republic of Maldives

DD/MM/YYYY

Dear Sir/Madam

**Reg: BML Merchant Portal and BML mPOS**

We (Council Name), would like to request for the BML Merchant Portal and the BML mPOS services. Please register the following nominee(s) for the aforementioned services and provide full access to BML Merchant Portal and BML mPOS of this organization, without any further approval or qualification by this Council. We are aware that the designated person can add new users and assign user roles as well as suspend existing users.

| Name | ID/PP Number | Designation | Mobile Number | Email Address | Permanent Address | Signature |
|------|--------------|-------------|---------------|---------------|-------------------|-----------|
|      |              |             |               |               |                   |           |

I/We, have read, understood and agree to be bound by the "Terms and Conditions for Card Acceptance" (the "Terms"), available from Bank of Maldives (the "Bank") website (https://www.bankofmaldives.com.mv). I/We agree that these Terms may vary from time to time and that any changes made to the Terms will be published on the Banks' website or communicated by other means at the discretion of the Bank. It shall be my/our responsibility to ensure compliance to such published changes made to the Terms. I/We agree not to charge Cardholders any fee for using the Card (as defined in the Terms).

I/We confirm that I/We have the authority to sign on behalf of this organization and confirm that all information provided herein is true.

Thank You.
Kind regards,

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Authorized Signatory's Name
Designation

**Seal:**