

CREDIT CARD

Supplementary Card Application Form

YOUR REQUEST

BML Internet Banking Registered User* Yes No

New Card

(Applicant must be at least 18 years of age)

American Express Green

American Express Gold

Visa Classic

Visa Gold

Visa Platinum

Visa Signature

Mastercard Standard

Mastercard Gold

Mastercard Platinum

Mastercard World

The supplementary card can be issued under the same brand and currency as the primary.

* If you are registered for internet banking a physical PIN will not be issued.

Replacement

Lost/ Stolen

Expired

Damaged

Fraud Capture

PIN Only*

*Registered internet banking users have to set your own preferred PIN through internet banking upon receipt of your card. You will not be getting any printed PIN.

Others (specify) _____

Please fill form in **CAPITAL LETTERS**

PRINCIPAL CARDHOLDER DETAILS

Full Name
(as in ID Card/ Passport)

ID Card No.
(Passport Number for foreigners)

(please attach copy)

PERSONAL BANKING CUSTOMER INFORMATION FORM

Have you (Principal Cardholder and Supplementary Card Applicant) submitted the 'Information Form for Personal Banking Customers'?

Yes

No

(please fill the above mentioned form and submit to the Bank along with this form)

If you have not submitted the Information Form for Personal Banking Customers or the information is not updated or is incomplete, the Bank may request to submit the 'Information Form for Personal Banking Customers' for the Principal Cardholder and Supplementary Card Applicant to process your request for the card.

SIGNATURE: _____

YOUR DETAILS

Please issue a Supplementary Card to the person named hereunder. Supplementary Card applicant must be an immediate family member and be at least 18 years old.

 Mr Ms Dr Others

Full Name
(as in ID Card/ Passport)

Name to be embossed on Card

Your name as you want it to appear on the Card (Maximum 19 characters including spaces)

Date of Birth

Nationality

ID Card No.
(Passport Number for
foreigners)

(please attach copy)

Passphrase

(Write your own 4-8 character word which
will be used for identification purposes)

Relationship to primary cardholder _____

Requested Limit for Supplementary Card _____
(Cannot exceed total limit approved for the principal cardholder)

CARD AND PIN DELIVERY

Collect from Bank of Maldives _____ Branch.

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

DECLARATION

This declaration is made to Bank of Maldives Plc. By signing below I ask that a Bank of Maldives Credit Card be issued to me or to the above mentioned person. I agree that upon registration to BML MobilePay, the Card issued will be linked to the Application. I 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. In addition, I accept (and undertake the responsibility to ensure the person issued the Card upon my request) that usage of Bank of Maldives Credit Card will be construed by the Bank as acceptance by the Cardholder of the Bank of Maldives Credit Card Terms & Conditions. I understand that irrespective of my total credit card limit, daily and periodic limits may apply, which may change from time to time at the sole discretion of the bank. I accept that the usage of the new Credit Card, and any replacement or renewal Card will be construed by the Bank as acceptance of the terms and conditions by the Cardholder and any Supplementary Cardholders. I agree that my Cash Advance limit will not be more than 50% of my permanent credit limit which is combined credit limit the Primary Cardholder will share with any Supplementary Cardholder(s). I am aware that deposits or transfers to my Credit Card account or temporary limit increases will not increase my Cash Advance limit. I am aware that certain ATM machine/bank/counter restrictions may apply to usage of my Credit Card in Maldives and overseas. I agree that I as the Principal Cardholder am responsible for all liabilities (including liabilities incurred by all Supplementary Cards, annual fees or any other fees/charges) and each Supplementary Cardholder is responsible for his/her liabilities incurred in respect of his/her Card. I hereby warrant that the above information given in this application is true and correct. I accept that Bank of Maldives Credit Card will be issued at the sole discretion of the Bank. I understand that outstanding balance for USD Credit Cards will have to be settled in USD.

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.

Principal Cardholder's Signature

Date

Supplementary Card Applicant's Signature

Date

