

SERVICE REQUEST

Application Form

For Bank use only

Customer No:

Reference No:

Please fill in CAPITAL LETTERS

ACCOUNT HOLDERS DETAILS

Customer Name

(as in ID Card/as in Passport for Foreigners)

ID Card No. / Passport No.

(Passport No. for Foreigners only)

Registry No

for Business & Institutions

Contact No

SERVICE REQUIRED

Bank statement

Bank reference

Account activation

Document Retrieval

Additional information for required service

BANK STATEMENT

Credit Card

AMEX

VISA

MASTER

Please Specify Card Brand

All my accounts

Specific Account(s)

Please specify account number

Start Date

End Date

Statement Purpose

Applying for foreign Visa

Others, please specify

BANK REFERENCE

Please specify in detail the purpose of Bank reference

Beneficiary / Address To

ACCOUNT ACTIVATION

Account number

Please specify purpose for reinstating the account

SIGNATURE: _____

DOCUMENT RETRIEVAL

<input type="checkbox"/> Deposit Slip Copy	Deposit Amount _____																				
<input type="checkbox"/> Copy of Cheque(s)	Cheque Nos. <input type="text"/> <input type="text"/> <input type="text"/>																				
<input type="checkbox"/> Other Please Specify	<input type="text"/>																				
Date of Transaction <input type="text"/>	Account No. <table border="1"><tr><td>7</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	7	7																		
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DELIVERY OPTIONS

<input type="checkbox"/> Email to	<input type="text"/>
<input type="checkbox"/> Handover to Please Specify	Name (as in ID Card/as in Passport for Foreigners) <input type="text"/> ID Card No. (Passport No. for Foreigners only) <input type="text"/> Contact No <input type="text"/>

DECLARATION

I / We agree that

Account mentioned above will be debited for the charges (if any) as per schedule of charges of Bank of Maldives.

_____	_____	<input type="text"/>
Authorized Signature	Stamp	Date

DOCUMENT HANDOVER

I declare that I have received aforementioned document(s)

_____	_____	_____	<input type="text"/>
Name (as in ID Card/as in Passport for Foreigners)	ID Card/Passport No.	Signature	Date

For Bank use only

Officer / Manager
comment

Received by

UID

Signature

Input/ processed by

UID

Verify and approved by

UID

Date:

