

STANDING ORDER REQUEST FORM

Please use this form for local account transfers only

- New Standing Order Request
 Amend existing Standing Order

FOR BANK USE ONLY

Customer No:

Reference No:

SECTION 1 - ACCOUNT HOLDER DETAILS

Full Name

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

Account No.

SECTION 2 - PAYEE / BENEFICIARY DETAILS

Full Name

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

Account No.

Bank

SECTION 3 - STANDING ORDER DETAILS

Currency

 MVR USD

Credit Amount

Credit Amount in words

Payment Details

First Payment

 Immediately

Scheduled Payment Starting Date

Schedule Frequency

 Monthly Quarterly Yearly

Signature:.....

Final Payment Date (or) Continue until further notice

Purpose

DECLARATION

- I/we agree that Bank of Maldives cannot be held liable for charges deducted by the beneficiary bank.
- My account mentioned above will be debited for the requested credit amount plus charges as per schedule of charges of Bank of Maldives.
- If sufficient funds are unavailable to process the payment on the payment date, the payment will not be processed on a later date

Date

Stamp/Seal

Signature

FOR BANK USE ONLY

| Manager / Officer comment | User ID | Signature |
|---|---|----------------------|
| <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | Received by | <input type="text"/> |
| | Input Processed By | <input type="text"/> |
| | Verify and Approved by | <input type="text"/> |
| Date | Time | |
| <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" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/> | |

