

DEBIT CARD

Application Form

YOUR REQUEST

<input type="checkbox"/> New Card <small>(Applicant must be at least 18 years of age)</small>	Card Type		<input type="checkbox"/> American Express Green	<input type="checkbox"/> Visa Classic	<input type="checkbox"/> Mastercard Standard
	<input type="checkbox"/> American Express Gold	<input type="checkbox"/> BML Islamic Visa Classic*			
<input type="checkbox"/> Replacement	<input type="checkbox"/> Lost/ Stolen	<input type="checkbox"/> Damaged	<input type="checkbox"/> PIN Only		
	<input type="checkbox"/> Expired	<input type="checkbox"/> Fraud Capture			
<input type="checkbox"/> Change Details	<input type="checkbox"/> Add Account (s)**	<input type="checkbox"/> Remove Account (s)			

* Only customers with BML Islamic accounts are eligible for BML Islamic Visa Debit (Islamic Visa Classic) Card. Once BML Islamic Visa Debit Card is activated, your existing BML Visa Debit Card will be cancelled.

** Only BML Islamic accounts can be linked to BML Islamic Visa Debit Cards

Please fill form in CAPITAL LETTERS

YOUR DETAILS

Full Name
(as in ID Card/ Passport)

ID Card No.
(Passport Number for foreigners)

Passphrase

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

Please fill the details below if you require to add accounts or remove any of the existing accounts.

		Currency	Add	Delete
Primary Account	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Accounts to be linked	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARD AND PIN DELIVERY

Collect from Bank of Maldives.....Branch.
 Your application will be processed within 10 working days. Cards and PINs not collected within three months will be destroyed.

SIGNATURE:

IMPORTANT INFORMATION

In the case of a Joint Account/Partnership Account, all parties must sign. Joint Account holder/partner may each possess Bank of Maldives. Debit Card for which a separate application form should be furnished for each individual.

DECLARATION

This declaration is made to Bank of Maldives Plc. By signing below I/we ask a Bank of Maldives Debit Card to be issued for me/us. I/we confirm that I/we am /are the sole account holder(s) or have the required mandate to operate all the accounts linked to the Bank of Maldives Debit Card. I/We agree that my/our Debit card(s) will only be used subject to the terms and conditions of the applicable Debit Cardholder Agreement (available from Bank of Maldives website) and other applicable account terms and conditions issued by the Bank of Maldives Plc. I/We accept that the usage of the Bank of Maldives Debit Card will be construed by the Bank as acceptance of the terms and conditions of the applicable cardholder Agreement by the Cardholder. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that Debit Card(s) will be issued at the sole discretion of the Bank.

NOTE: Details and fees applicable to the Debit 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.

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Applicant's Signature

D	D	M	M	Y	Y	Y	Y
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Date

