

# SIGNATURE AMENDMENT REQUEST FORM

## Personal Banking Customers

For Bank use only

Customer No:

CRM No:

Please fill form in **CAPITAL LETTERS**

Fill in your personal details and select changes required

### SELECT RELEVANT SECTION TO BE CHANGED

Change Signature

Mandate Authority

### PERSONAL DETAILS

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

ID Card No. / Passport No.  
(Passport No. for Foreigners only)

Work Permit/Visa  
(Foreigners only)

Fill in required section only

### CHANGE SIGNATURE

Add

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

ID Card No. / Passport No.  
(Passport No. for Foreigners only)

Account  
Number

7	7																		
7	7																		

7	7																		
7	7																		

Delete

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

ID Card No. / Passport No.  
(Passport No. for Foreigners only)

Account  
Number

7	7																		
7	7																		

7	7																		
7	7																		

Change

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

ID Card No. / Passport No.  
(Passport No. for Foreigners only)

Account  
Number

7	7																		
7	7																		

7	7																		
7	7																		

SIGNATURE:.....



# DECLARATION

- This Declaration is made to Bank of Maldives Plc.
- I/We hereby agree

## Change Signature Terms

- The Bank is authorized to return any cheque drawn with the old signature.
- All cheques collected and paid in future by the Bank for the above accounts will be drawn with signature as stated in this form.
- The signature change will be applicable to all accounts.
- I have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions of account opening displayed on Bank's website "<http://www.bankofmaldives.com.mv>" [www.bankofmaldives.com.mv](http://www.bankofmaldives.com.mv) as revised from time to time by Bank of Maldives Plc, in relation to all of my accounts for present and future, maintained/opened/to be maintained to be opened with Bank of Maldives Plc.
- My new signature is as above and all actions and transactions authorized/executed by me/us and acted upon by Bank of Maldives Plc using this new signature shall be valid, subsisting and binding on me/us. I/we further confirm that I/we shall never dispute and/or challenge the same against the Bank.

## Mandate Authority Terms

- I hereby authorize Bank of Maldives to honour all cheques drawn on all account(s) opened under my name with the above mentioned customer/person if presented with the specimen signature given, notwithstanding that such cheques may create or increase an overdraft to any extent. He/She is also authorized to make, draw and accept or otherwise sign any negotiable instruments as authorized by me in this Mandate Form.
- This authority shall continue until I revoke the same with a written notice to the Bank and once such change is confirmed in writing by the Bank.
- With the above mandate given, any transactions carried out from the accounts shall be considered as valid and as carried out by me and I agree to not challenge or dispute such a transaction against the Bank.

.....  
Signature

Date

## For Bank use only

	Staff ID:	Signature:	Business Unit:	Date:
Form received by:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information verified by:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information input to system by:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

