

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:

Please fill in CAPITAL LETTERS

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

Final Payment Date

(or)

Continue until further notice

Purpose

Signature:.....

DECLARATION

I/we hereby agree to the following:

- 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 and fees of BML Islamic.
- If sufficient funds are unavailable to process the payment on the payment date, the payment will not be processed on a later date.

D	D	M	M	Y	Y	Y	Y
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Date

Stamp/Seal

Signature

FOR BANK USE ONLY

Officer/Manager comment

Received by

Input/Processed By

Verify and Approved by

User ID

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Time

H	H	M	M
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