

BML ISLAMIC JOINT ACCOUNTS

Account Opening Application Form

This form should be filled by each additional joint account holder for Joint Accounts and Joint Fixed Deposit Accounts and should be submitted along with the **Account Opening Form for Personal Banking Customers**

Have you each also submitted the **Information Form for Personal Banking Customers**?

- Yes (please fill this form and submit to the Bank)
- No (please fill the above mentioned form and submit to the Bank along with this form)

Please fill form in **CAPITAL LETTERS**

For Bank use only

For existing customers only

Applicant No []	Customer No: <input style="width: 100%;" type="text"/>
Applicant No []	Customer No: <input style="width: 100%;" type="text"/>
CRM No []	<input style="width: 100%;" type="text"/>

SECTION A - YOUR DETAILS

	Joint Applicant No []	Joint Applicant No []
<p>Title</p>	<p><input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p><input type="checkbox"/> Other, please specify</p>	<p><input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p><input type="checkbox"/> Other, please specify</p>
<p>Full Name <small>(as in ID Card/as in PP for Foreigners)</small></p>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<p>ID Card No. <small>(For Maldivians)</small></p>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<p>Passport No. <small>(For Foreigners)</small></p>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<p>Contact No.</p>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<p>Relationship between primary applicant and Joint Account Holder</p>
<p>If opening more than one Joint Account, please specify the Joint Account related to each applicant</p>	<p>Please select the Joint Account (refer Section B of Account Opening Form - Personal Banking Customers)</p> <p><input type="checkbox"/> Account No [1]</p> <p><input type="checkbox"/> Account No [2]</p>	<p>Please select the Joint Account (refer Section B of Account Opening Form - Personal Banking Customers)</p> <p><input type="checkbox"/> Account No [1]</p> <p><input type="checkbox"/> Account No [2]</p>
<p>Passphrase <small>(For new customers and customers who have forgotten and wish to renew their passphrase)</small></p>	<p><input style="width: 100%;" type="text"/></p> <p><small>(Write your own 4-8 character word. Passphrase will be used for identification and security reasons)</small></p>	<p><input style="width: 100%;" type="text"/></p> <p><small>(Write your own 4-8 character word. Passphrase will be used for identification and security reasons)</small></p>
<p>Account operation mandate and survivor rights for Joint Accounts Only. <small>(tick any one of the options provided under each case)</small></p>	<p>The Bank may accept signature(s) as follows for account operation and withdrawal of funds:</p> <p><input type="checkbox"/> Any one</p> <p><input type="checkbox"/> Any two</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Others, please specify</p>	<p>The Bank may accept signature(s) as follows for account operation and withdrawal of funds:</p> <p><input type="checkbox"/> Any one</p> <p><input type="checkbox"/> Any two</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Others, please specify</p>

SIGNATURE:

	<p>If the Bank becomes aware of the death of any party to the account, the Bank shall:</p> <p><input type="checkbox"/> allow operation of the account with signature of survivor(s) as per existing mandate</p> <p><input type="checkbox"/> allow operation of the account with signature of all the survivors only</p> <p>(In both options above, survivors are required to close the account and withdraw or transfer all the funds and close the account as soon as possible)</p> <p><input type="checkbox"/> cease to allow further operation of the account, and any money to be paid to the legal heirs of the deceased and the survivor(s) through court order</p>	<p>If the Bank becomes aware of the death of any party to the account, the Bank shall:</p> <p><input type="checkbox"/> allow operation of the account with signature of survivor(s) as per existing mandate</p> <p><input type="checkbox"/> allow operation of the account with signature of all the survivors only</p> <p>(In both options above, survivors are required to close the account and withdraw or transfer all the funds and close the account as soon as possible)</p> <p><input type="checkbox"/> cease to allow further operation of the account, and any money to be paid to the legal heirs of the deceased and the survivor(s) through court order</p>
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DECLARATION

This declaration is made to Bank of Maldives Plc

I/we hereby agree:

- Joint Account Terms of BML Islamic
- That such account to be operated by anyone/any two/all of us as specified in this form (delete as applicable)
 - In the event of death of any party to the accounts(s), the Bank may accept signatures(s) of the survivor(s) as authority for withdrawals, and I /we agree that any money held in our joint names be payable to and to the order of the survivors(s).
- General Terms
- That I/we read, understood and expressly agree to be bound by the Bank's General Terms and Conditions of BML Islamic, and to be bound by its amendments from time to time, so long as I/we have not expressly terminated our relationship with the Bank.
 - To be bound by the BML Islamic Schedule of Charges and Fee's as amended from time to time. A copy of the current tariff is available at www.bankofmaldives.com.mv

Primary Applicant []

Name
Signature
D D M M Y Y Y Y

Date

Joint Applicant []

Name
Signature
D D M M Y Y Y Y

Date

Use Signature provided with this Application Form and update existing account signatures, if any

Use Signature provided for Account Number 7 7

Joint Applicant []

Name
Signature
D D M M Y Y Y Y

Date

Use Signature provided with this Application Form and update existing account signatures, if any

Use Signature provided for Account Number 7 7

If more than two Joint Applicants, please complete an additional Joint Supplementary Form and submit along with this form