

ORGANISATION INFORMATION

Organisation Name	
Registration Number	
Registration Date	
Registered Address	
Tel	Fax
Email	
Mailing Address (All statements and correspondence will be mailed to the address below)	
House/Building Name	
Flat no./Floor	Tel
Street Name	
District, Island, Atoll	
Type of entity	
<input type="checkbox"/> Government <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> NGO <input type="checkbox"/> Club/Society/Association <input type="checkbox"/> Other (Please specify) _____	
Nature of key activities	
No. of Staff	

ADDITIONAL INFORMATION

Commencement of business activity				
Total Paid up Capital		Total Assets		
Net Profit after tax for past 2 years				
Y Y Y Y MRF		Y Y Y Y MRF		
No. of Shareholders		No. of Directors		
Main Banker				
Credit Facilities				
Bank	Facility	Ccy	Limit	Outstanding

CONTACT PERSON INFORMATION

Full Name	
Designation	
Telephone	Mobile
Email	

CARD AND PAYMENT INFORMATION

Emboss name for organisation (max 20 characters incl. spaces)									
Total Corporate Limit Requested					USD				
Requested limit for Nominee					USD				
Settlement Account No		7	7			-			-
Settlement Option					<input type="checkbox"/> 5% Minimum Payment <input type="checkbox"/> Full Payment				
Interest will not be charged to your Card account if 100% settled on or before the due date									

NOMINEE INFORMATION

Full Name	
Emboss Name (Max 20 characters including spaces)	
ID Card No. (Please attach a copy)	Work Permit No. (Please attach a copy)
Designation	
No. of years of service at this organisation	
Permanent Address	
Residence Address	
Telephone	Mobile
Email	

DECLARATION

By signing below I/We request for a Corporate Card Account to be opened in the name of this Organisation, and card(s) to be issued to the Nominee(s) requested. I/We agree to be bound by the Bank of Maldives Visa Corporate Card Agreement, a copy of which will be provided to me/us with the Corporate Card. I/We certify that all information in this application is true and correct in all respects and the Organisation will be liable for all transactions and charges incurred in respect of all cards issued under the Organisation's corporate card account. I/We agree that the Nominee is responsible for his/her liabilities incurred in respect of his/her card.

Signature of the Nominee	Date
Authorised signature	Date
Authorised signature	Date

Company Seal

CARD DELIVERY

Collect from Bank of Maldives Card Centre Post to the Organisation

RATES

Fee Name	Amount
Joining Fee	USD 50
Annual Fee	USD 100
Additional Card Annual Fee	USD 50
Interest Rate	2.65% p.m.

FOR BANK USE ONLY

	Staff ID & Signature	Date
Form received & verified by		
Account operation authority & signature(s) verified by		
Application input to ICCS by		
Input checked by		
Credit Appraisal Remarks		
Credit Limit for Organisation USD		
Recommended by		
Signature		Date
Approved by		
1. Signature		Date
2. Signature		Date
Security	Lien Amount	
	Staff ID & Signature	Date
Lien Marked by		
Decision Input	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	
Audit Checked by		

Supporting documents attached

- Copy of business registration certificate
- Copy of audited financial statements of the last financial year
- Board resolution in format attached (soft copy may be downloaded from the bank's website)
- Nominee's ID card/PP/Work permit copy

Note: Separate Cardholder Application required for each additional nominee