

BANK OF MALDIVES VISA CORPORATE CARD

Additional Cardholder Application

NOMINEE INFORMATION

Organisation Name																					
Registration Number																					
Full Name																					
Emboss Name (Max 20 characters including spaces)																					
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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 (Note: Your statements and correspondence will be mailed directly to the Organisation)																					
Telephone	Mobile																				
Email																					
Requested limit for Nominee USD (Cannot exceed total limit approved for the Organisation)																					

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		