

APPLICATION FOR INCREASE OF CREDIT CARD LIMIT

If you hold more than one Credit Card the requested additional credit limit will be accessible with any of your Cards. If you wish to get an additional Card, please submit an **Application for Additional Card**.

CARD HOLDER DETAILS

Full Name *(as in ID)*

ID No

(Please attach a copy)

Passport No

(Please attach a copy)

EXISTING CARD TYPE

Card Type

Visa

American Express

CREDIT LIMIT DETAILS

Requested Total Limit (in MVR):

Note: Increase of the existing credit limit and the extent of the increment is entirely at Bank's discretion.

IMPORTANT

Please note that all the information provided by you will be verified by Card Centre prior to Credit Card approval. Please complete the application in full. Insufficient information may cause delay in processing your application. Please attach the following documents to your application.

If salaried: copy of ID/PP, latest salary slip or a letter from employer confirming salary and employment with designation and last three months' bank statements (if the account is not a Bank of Maldives account).

if self-employed: copy of ID/PP, last two years income statement (to be confirmed by auditors if required by the Bank), business registration certificates, latest tax return statement payment receipt and last three month's bank statements - personal and company (if the account is not a Bank of Maldives account).

Please note: All fees and finance charges will be debited to your Credit Card Account.

Eligibility Criteria maybe amended at anytime at the Bank's discretion.

DECLARATION

I hereby warrant that the above information given in this application is true and correct. I accept that the additional limit will be assigned at the sole discretion of the Bank. I agree to the Bank of Maldives Card member terms and conditions. I understand that irrespective of my total credit card limit, daily and periodic limits may apply, which may change from time to time at the sole discretion of the Bank.

Applicant's Signature

Date

FOR BANK USE ONLY

		Staff ID & Signature	Date
Form received and verified by			
Signature(s) verified by			
Application input to system by			
Limit input to system by			
Input checked by			
Credit Appraisal Remarks			
Recommended/Approval Credit Limit		MVR	Rate
Signature		Date	
Credit Limit Approved by			
1. Signature		Date	
2. Signature		Date	
Lien Account		Lien Amount	
		Staff ID & Signature	Date
Lien Marked by			
Decision Input <input type="checkbox"/> Approved <input type="checkbox"/> Decline			