

ACCOUNT OPENING FORM BML KIDS' SAVER



This form shall be filled by the parent / legal guardian on behalf of the child whom the account is opened for.

Please fill in ALL the sections of this form to avoid any delays in processing the request

Have you (Parent / Legal Guardian) submitted the 'Information Form for Personal Banking Customers'?

Yes

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			
Customer No:	<input type="text"/>		
Account No:	<input type="text"/>	<input type="text"/>	Currency: <input type="text"/>
CRM No:	<input type="text"/>		

SECTION A – CHILD'S DETAILS

Full Name (as in ID Card)	<input type="text"/>		
ID Card No. For Maldivians (Attach a Copy)	<input type="text"/>	ID Card Expiry	<input type="text"/>
Passport No. For Foreigners (Attach a copy)	<input type="text"/>	Passport Expiry For Foreigners (Attach a copy)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION B – PARENT / LEGAL GUARDIAN DETAILS

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify			
Full Name (as in ID Card/as in PP for Foreigners)	<input type="text"/>		
ID Card No. (For Maldivians)	<input type="text"/>	ID Card Expiry	<input type="text"/>
Passport No. (For Foreigners)	<input type="text"/>	Passport Expiry (For Foreigners)	<input type="text"/>
Contact No.	<input type="text"/>		
Relationship to Child (Attach Child's Birth Certificate Copy)	<input type="text"/>		
Passphrase (For new customers and customers who have forgotten and wish to renew their passphrase)	Write your own 4-8 character word. Passphrase will be used for identification and security reasons		

SECTION C – ACCOUNT DETAILS

	Account No [1]	Account No [2] Please also fill this column if you wish to open a 2 nd Account
Currency	<input type="checkbox"/> MVR <input type="checkbox"/> USD	<input type="checkbox"/> MVR <input type="checkbox"/> USD
Deposit Amount (Initial deposit required as per schedule of charges)	<input type="text"/>	

How Deposit is paid	<input type="checkbox"/> Cash <input type="checkbox"/> Deduct from my bank account specified below: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Deduct from my bank account specified below: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Estimated volume of Transactions (Expected average volume of deposits in MVR equivalent per month)	Deposits <input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 50,000 <input type="checkbox"/> 50,000 to 200,000 <input type="checkbox"/> 200,000 to 500,000 <input type="checkbox"/> 500,000 to 1,000,000 <input type="checkbox"/> Over 1,000,000	Deposits <input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 50,000 <input type="checkbox"/> 50,000 to 200,000 <input type="checkbox"/> 200,000 to 500,000 <input type="checkbox"/> 500,000 to 1,000,000 <input type="checkbox"/> Over 1,000,000
	Withdrawals <input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 50,000 <input type="checkbox"/> 50,000 to 200,000 <input type="checkbox"/> 200,000 to 500,000 <input type="checkbox"/> 500,000 to 1,000,000 <input type="checkbox"/> Over 1,000,000	Withdrawals <input type="checkbox"/> Less than 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 50,000 <input type="checkbox"/> 50,000 to 200,000 <input type="checkbox"/> 200,000 to 500,000 <input type="checkbox"/> 500,000 to 1,000,000 <input type="checkbox"/> Over 1,000,000
Withdrawal and Debit Transfer is limited to 1 transaction per month for purposes such as medical reasons, children's education etc. Necessary documents have to be presented for such withdrawals or transfers.		

SECTION C – ELECTRONIC BANKING SERVICES

BML Internet Banking (View Only option) BML Internet Banking applications will be processed within 05 working days	Please provide parent/guardian's preferred e-mail address and personal / official mobile number to send login credentials and passwords	
	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email	<input type="text"/>
	Once your application is processed, we will send a temporary User ID to your mobile via SMS and your temporary Password will be sent to your E-mail address.	
	Preferred mode of OTP Delivery	<input type="checkbox"/> Email <input type="checkbox"/> Mobile

DECLARATION

This declaration is made to Bank of Maldives Plc

I (parent/legal guardian) hereby agree:

- That I have the legal right to open and operate this account on behalf of the child and have no legal hindrances in relation to this account
- That the operation of the account and funds in the account shall only be utilized for the welfare of the child.
- To having read, understood and expressly assent to be bound by the Bank's Terms of Conditions, Maldives Internet Banking Terms & Conditions, and Maldives Mobile Banking Terms & Conditions as amended from time to time. A copy of these Terms and Conditions are available at www.bankofmaldives.com.mv.
- To be bound by the Bank's Schedule of Charges and Fees as amended from time to time. A copy of the Bank's Schedule of Charges and Fees are available at www.bankofmaldives.com.mv.
- To pass account operating rights and authority to operate the account to the child whose information is provided in Section 1 of this form when the child turns 18 years of age and upon completion of the formalities to operate an account in Bank of Maldives without any additional approval from me
- That my authority to operate this account will be ceased when the child whose information is provided in Section 1 of this form turns 18 years of age.
- To indemnify and hold harmless the Bank from any and all claims and actions arising from the opening and operating of this account.
- At any time to update the Bank for any change in information of the child to the Bank as soon as is practicable.

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Signature

Date

SIGNATURE INSTRUCTIONS

<input type="checkbox"/> Use Signature provided with this Application Form and update existing account signatures, if any
<input type="checkbox"/> Use Signature provided for Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>