Please glue, seal and mail or bring to the Card Centre. (Please do not staple).

YOUR CHOICE

☐ Credit Card (Annual Fee MRF 200)

☐ Gold Credit Card (Annual Fee MRF 400)

Applicant must be at least 18 years of age.

PRINCIPAL CARD DETAILS

Full Name *(as on the Card)*

Card No

3 7 7 6 – | | | | | | – | | | | |

ID No

SUPPLEMENTARY CARD

Please issue a Supplementary Card to the person named hereunder. Supplementary Card applicant must be an immediate family member and be at least 18 years old.

☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Others

Full Name *(as in ID)*

Name as you want it to appear on the Supplementary Card
(Maximum 19 characters including spaces)

Date of Birth DD/MM/YY	☐ Male ☐ Female
ID No *(Please attach a copy)*	Passport No *(Please attach a copy)*
Occupation	Monthly Income MRF
Nationality	Relationship
Passphrase *(Write your own 4-8 character word for identification and security reasons)*	
Home Address	
	Tel
Email	Mobile

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 and last three months' bank statements – personal and company (if the account is not a Bank of Maldives account).

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

DECLARATION

This declaration is made to Bank of Maldives Plc. By signing below I/we ask a Card to be issued and I/we request that you renew and replace it/them until I/we surrender my/our right to use the Card(s) by cutting the Card(s) in 4 pieces and returning to you. I/We authorise my/our bankers or any other sources to release any information to you or your representatives that you may require from time to time without reference to me/us. I/We agree that my/our Credit Card(s) may be only used subject to Bank of Maldives Cardmember Terms and Conditions (a copy of which is delivered to me/us with my/our Credit Card(s)), ATM and other account terms and conditions issued by the Bank of Maldives Plc. I/We accept that the usage of the new Credit Card will be construed by the Bank as acceptance of the terms and conditions by the Cardmember. I/We agree that my/our Cash Advance limit will not be more than 50% of my/our permanent credit limit which is a combined credit limit the Primary Cardmember will share with the Supplementary Cardmember(s). I/We am/are aware that deposits or transfers to my/our Credit Card account or temporary limit increases will not increase my/our Cash Advance limit. I/We am/are aware that certain ATM machine/bank/counter restrictions may apply to usage of my Credit Card in Maldives and overseas. I/We agree that the Principal Cardmember is responsible for all liabilities (including liabilities incurred by all Supplementary Cards, annual fees or any other fees/charges) and each Supplementary Cardmember is responsible for his/her liabilities incurred in respect of his/her Card. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that Credit Card(s) will be issued at the sole discretion of the Bank.

Principal Cardmember's Signature Date

Supplementary Card Applicant's Signature Date

FOR BANK USE ONLY

Application Received by	Staff ID
Department/Branch	Date
Application Entered to CCCS by	
Staff ID	Date
Card Centre Manager's Remarks	
Signature	Date
Credit Card approved by	
1. Signature	Date
2. Signature	Date
System update and checking	
Lien Marked	System Check
Application ☐ Approved	☐ Declined ☐ Checked
Audit checked by	
Signature	Date

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