YOUR REQUEST

☐ New Card (Cardholder must be at least 18 years of age)

☐ Replacement Card

YOUR DETAILS

Name of the Nominee

Name of the Entity

Business Reg. No.

Taxpayer Identification. No.

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

Registered Office Address

Mailing Address (If different from above)

Telephone

Mobile (Notifications/ Alerts will be sent to this number)

Email

Passphrase (Write your own 4-8 character word for identification and security reasons)

YOUR ACCOUNT TO BE LINKED

Account Number

Currency

IMPORTANT INFORMATION

1. In the case of a Company Account the form must be signed by the Authorised Signatory(ies) of the account. A Board Resolution is required when applying for the Card.

2. By a Board Resolution a person must be nominated (with such details as the Full Name, Citizen ID/Passport Number, Contact Number) who is authorized to receive the Card from Bank of Maldives. A copy of Citizen ID/ Passport/ Articles of Association/ Company Profile/ Work permit should be furnished with the application form.

3. If Nominee wants to appoint a person to collect the card, a letter to indicate so or power of attorney should be submitted.

CARD DELIVERY

☐ Collect from Bank of Maldives _____Branch

All outstation branch cards can only be collected from the respective branch.

☐ Collect from MIRA

Your application will be processed within 5 working days. Cards not collected within one month will be destroyed.

DECLARATION

This declaration is made to Bank of Maldives PLC. By signing below I/we ask a VAARU Card to be issued for me/us. I/We confirm that I/we am/are the sole account holder(s) or have the required mandate to operate the account linked to this Bank of Maldives Card. I/We agree that my/our VAARU Card will be only used subject to the terms and conditions of Bank of Maldives Debit Cardholder Agreement (a copy of which is delivered to me/us with my/our VAARU Card(s)) and other account terms and conditions issued by the Bank of Maldives Plc. I/We accept that the usage of the VAARU Card will be construed by the Bank as acceptance of the terms and conditions of the Cardholder Agreement by the Cardholder. I/we accept that the VAARU Card can only be used for tax payments to MIRA. I/We hereby warrant that the above information given in this application is true and correct. I/We accept that VAARU Cards will be issued at the sole discretion of the Bank.

Applicant's Signature Date:

Additional Signatures (For joint accounts) Date:

FOR BANK USE ONLY

	Staff Name & ID	Initials
Form received and verified by		
Relevant account operation authority for all listed accounts verified by		
Signatures for all listed accounts verified by		
Application Input to system by		
Checked and Authorised by		

FOR TAX PAYMENTS USE VAARU CARD

Easy, Safe, Secure and Reliable

www.bankofmaldives.com.mv