

MERCHANT APPLICATION FORM

BUSINESS INFORMATION

SECTION A BUSINESS INFORMATION

Legal name of the business		
Registered address		
Office address(if different from above)		
Business contact person	Business email	I
Telephone	Fax	Mobile
Postal Code	Business Reg. No.	Registered date
TaxpayerIdentification No.	Avg. transactionvalue	Est. monthly transactions
BUSINESS REGISTRATION TYPE		
Local Investment Public Co	Partnership Non-profit organization	n Limited Liability Government
SCOPE OF BUSINESS		
Education Health	Transportation Retail Trade	Telecommunication Media
Restaurants Profession /Cafe's Services	Wholesale trade Other	
OTHER		
Request for Cash withdrawal function	DN Request service for Imited period only	to Y Y Y D D M M Y Y Y Y

SECTION B OWNER INFORMATION

Name of Managing Director / Chairman / Owner					
Permanent Address(As in ID Card)					
National ID Card No. / Passport No	Mobile				
Business email	Office Telephone				

 For Bank use only

 CIF No.

 Ref:

DECLARATION & DETAILS OF AUTHORISED SIGNATORIES

- This declaration is made to Maldives Islamic Bank Plc. ("MIB").
- I/We hereby warrant that the above information given in this application is true and correct.
- I/We, have read, understood and agree to comply and to be bound by the Merchant Terms and Conditions published on the Maldives Islamic Bank Plc.'s (the "Bank") website (the "Terms").
- I/We acknowledge that the Terms may vary from time to time and that any amendments, modifications, variations and/or expansions made to the
 Terms shall be published on the Banks' website. For the avoidance of doubt, I/we agree that the utilisation by myself/us of the Bank's POS terminals/
 machines and or any service provided by the Bank in respect of card payment services shall be deemed acceptance of the Terms (as amended
 from time to time) on my/our part.
- I/We agree that the Terms, including any amendments, modifications, variations and/or expansions of the Terms published from time to time on the Bank's website, shall be valid and enforceable against me/us, and it shall be my/our responsibility to ensure compliance to the same.

Full Name	(PP no. for foreign	rd No. / Passport ers only)	No								
Signature			Date	D	D	Μ	Μ	Y	Y	Y	Y
Full Name	National ID Ca (PP no. for foreign	rd No. / Passport ers only)	No								
Signature			Date	D	D	Μ	Μ	Y	Y	Y	Y
Full Name	National ID Ca (PP no. for foreign	rd No. / Passport ers only)	No								
Signature			Date	D	D	Μ	Μ	Y	Y	Y	Y
				Con	npan	iy Sea	al				
Documents Required (Originals & Copies) Import License or Local Investment Registry ID Cards(s) Partnership deed, if Partnership 											
GST/BPT Registration Trade Permit / Permit to sell / Business name registration Additional, if business is owned by a company Certificate of Begistration and/or Operating License											

- Memorandum and Articles of Association
- Company profile information sheet
- A board resolution giving authority to sign the Merchant Application Form

FOR BANK USE ONLY			
	Staff ID	Initials	Date
Application received & verified by			
Signature(s) verified by			
Application input to system			
Application verified and approved by			
Reference number			