



DEBIT CARD APPLICATION
BUSINESS ACCOUNT

FOR BANK USE ONLY

CIF NO.

Reference No.

SECTION A BUSINESS INFORMATION

Business name (as per the business registration certificate) _____

Business registration number _____ Contact Number (local number only) _____

SECTION B CARDHOLDER INFORMATION

Full Name (as in ID card/as in PP for foreigners) _____

ID Card/ Passport No. (Passport No. for foreigners only) _____ Mobile Number (local number only) _____

SECTION C CARD INFORMATION

REQUEST TYPE

VISA Debit Card Visa Business Classic Visa Platinum Card

Card Replacement Lost/Stolen Damaged Expired

Other Limit Change Linked Account change
 Mobile Number Change Printed PIN Issuance & Replacement
printed PIN is issued under special circumstances only.

Name to appear on the Card
maximum 19 characters including spaces

<input type="text"/>																			
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Default account

Account linking

<input type="text"/>																			
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Link Unlink

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Daily ATM Withdrawal limit 2,500 5,000 10,000 15,000 25,000

Card limit change POS ATM Ecommerce

Limit Type _____ Amount :USD/MVR _____
(Delete as appropriate)

THIRD PARTY CARD COLLECTION (only for primary card)

I hereby nominate the following person mentioned below to collect my Debit Card on my behalf.

Full Name (as in ID card/as in PP for foreigners) _____

ID Card/ Passport No. (Passport No. for foreigners only) _____ Mobile Number (local number only) _____

Third party collecting the card must present their original ID Card / Passport and copy(s) of the ID Card / Passport of the account holder at the time of collecting. By signing below I take full responsibility for the consequences that may arise from handing over my Debit Card to a third party as nominated and authorized in this authority above and I hereby indemnify the Bank against any liability or losses which may arise as a result of acting on my instructions by the Bank.

Signature(s) of account holder _____ Date _____

DECLARATION (for primary card)

- This declaration is made to Maldives Islamic Bank Plc. (“MIB”)
- By signing below I/we request for a Debit 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 all the accounts linked to the MIB Debit Card. I/We agree that my/our Debit card(s) will only be used subject to the applicable Debit Cardholder Terms and Conditions (available from MIB website) and other applicable account terms and conditions issued by the MIB as amended from time to time.
- I/We accept to be bound by the List of Bank Charges and fees as amended from time to time.
- I/We accept that the usage of the Debit Card will be construed by the Bank as acceptance of the applicable terms and conditions as stated above.
- I/We hereby warrant that the above information given in this application is true and correct.
- I/We accept that Debit Card(s) will be issued at the sole discretion of the Bank.

Signature(s) _____

Date _____

FOR BANK USE ONLY

	Staff ID	Signature	Date
Application received & verified by			
Signature(s) verified by			
Application / Card input to system			
Application / Card Approved by			
Card Printed by			