

ACCOUNT TRANSFER FORM

To: Bank Manager					
Date:					
Dear Sir/Madam,					
Please effect the following transfer transaction as per following details;					
Debit Account Number:					
Name: .					
Amount MVR/ USD:					
Effective date:					
BENEFICIARY DETAIL	S				
Name:					
Account Number:					
I, ID No: ID No: hereby authorize Maldives Islamic Bank Plc to debit my above mentioned A/C.					
Account holder's signature:				Date:	
FOR BANK USE ONLY					
Authorised Signature:				. Date:	