

## Visa Debit Card Application

Complete in CAPITAL LETTERS and select all applicable options.

A separate application form must be completed, signed and submitted for each individual nominee.

### 1. APPLICATION TYPE

|                      |                                   |                                           |                                      |
|----------------------|-----------------------------------|-------------------------------------------|--------------------------------------|
| <b>Card currency</b> | <input type="checkbox"/> MVR      | <input type="checkbox"/> USD              |                                      |
| <b>Request type</b>  | <input type="checkbox"/> New Card | <input type="checkbox"/> Replacement Card | <input type="checkbox"/> Lost/Stolen |

### 2. BUSINESS DETAILS

**KYC Notice:** Application processing requires up-to-date account records. If your KYC details have changed, are incomplete, or were not previously submitted, please submit a completed CBM Entity Information Form (for corporate accounts) or CBM Customer Information Update Form (for individuals/nominees) along with this application.

Business Name

Registration Number

### 3. NOMINEE CARDHOLDER INFORMATION

Applicant must be at least 18 years of age.

Full Name

As in ID card / Passport

ID Card No.

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Foreign nationals: please enter your passport number.

### 4. CARD LIMITS

**Daily withdrawal limit and corresponding daily purchase limit**

#### MVR LIMITS

- ☐ MVR 5,000/-  
☐ MVR 15,000/-  
☐ MVR 40,000/-

#### USD LIMITS

- ☐ USD 300/-  
☐ USD 900/-  
☐ USD 2,400/-

Continue to account details and declaration on page 2.

## Account Details and Declaration

Complete in CAPITAL LETTERS and select all applicable options.

### 4. ACCOUNT DETAILS — CONTINUED

Complete the details below.

Account Number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Name on Card

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

*Should be less than 16 characters*

### 5. IMPORTANT INFORMATION AND REQUIREMENTS

**1. Partnership Accounts:** All registered partners are required to sign this application. If multiple partners wish to hold a Commercial Bank of Maldives Visa Debit Card, an individual application form must be completed and submitted for each applicant.

**2. Business and Entity Nominations:** Organizations authorizing cardholders must provide a formal Board Resolution along with a dedicated CBM Visa Debit Card application form for each designated individual. Entities may nominate more than one authorized cardholder.

### 6. DECLARATION AND CONSENT

By signing this application, I apply for the issuance of a Commercial Bank of Maldives (CBM) Visa Debit Card. I agree to be bound by CBM's Debit Cardholder Agreement, general account rules, and guidelines available on the bank's official website. Activating or using the card confirms acceptance of these terms. I confirm that all information provided here is complete and accurate and understand that card approval remains at the sole discretion of Commercial Bank of Maldives.

**Note:** Applicable fees, limits, and service charges are detailed in CBM's official tariffs and charges and are subject to revision at the bank's discretion without prior notice.

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Date DD / MM / YYYY