



## S P O U S E D E T A I L S

Full name:

N/C No:  Phone No: +960

Employer/Business Address:

Designation:  Annual Income:

Nature of business:

## R E S I D E N T I A L D E T A I L S

Residential address:  Phone No: (Home) +960   
 Phone No: (Mobile) +960

Duration at above address: Years :  Months :

Email:

## S U P P L E M E N T A R Y C A R D

Please issue a Supplementary Card to the person named hereunder. Supplementary Card applicant must be an immediate family member and be at least 18 years old

☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. Others (specify)

Full name (as in NIC/PP):

Name on Card  Please include surname - 19 characters including spaces):

Supplementary Limit: ☐ 25% ☐ 50% ☐ 75% ☐ 100% Others

N/C No:  Passport No.:  (Please attach copies)

Date of Birth:  (dd/mm/yyyy) Nationality  Relationship

Home address:   
 Phone No: (+960)   
Phone No: (+960)

## S P E C I A L B E N E F I T S F O R C B M A C C O U N T H O L D E R S

Do you wish to settle card bills on the due date automatically by debiting your account at Commercial Bank? ☐ Yes ☐ No

Settlement Account No:  (Important) Settlement of ☐ 5% ☐ 100% Others (specify)

\*Interest will not be charged to your card account on 100% settlement on or before the due date (In case of joint accounts the consent of all parties to be given in writing.)

## DECLARATION

This declaration is made to Commercial Bank of Maldives Pvt Ltd

By signing below I/we asked that a CBM Credit Card be issued to me or to the above mentioned person. I agree that upon registration to CBM Online Banking, the card issued will be linked to the application. I accept and (if applicable, undertake the responsibility to ensure the person issued the card at my request) agree that the card will only be used subject to CBM Credit Card Terms and Conditions (available from CBM website) and other applicable Terms and Conditions issued by CBM. In addition, I accept and (undertake the responsibility to ensure the person issued the card at my request) that usage of CBM Credit Card will be construed by the bank as acceptance by the card holder of CBM Credit Card Terms and Conditions. I understand that irrespective of my total credit card limit, daily and periodic limits may apply, which may change from time to time at the sole discretion of the Bank. I accept that the usage of the Credit Card and any replacement or renewal card will be construed by the Bank as acceptance of Terms and Conditions by the card holder and any supplementary card holders. I agree that my cash advance limit will not be more than 50% of my permanent credit limit which is combined credit limit the primary card holder will share with any supplementary card holders. I am aware that deposits or transfers to my credit card account or temporary limit increases will not increase my cash advance limit. I am aware that certain ATM machine/Bank/Counter restrictions may apply to usage of my Credit Card in Maldives and Overseas. I agree that as the principal card holder am responsible for all liabilities (including liabilities incurred by all supplementary cards/annual fees or any other fees/charges) and each supplementary card holder is responsible for his or her liabilities incurred in respect of his or her card.

I hear by warrant that the above information given in this application is true and correct. I accept that CBM Credit Card will be issued at the sole discretion of the bank.

NOTE: Details and fees applicable to the card and its users are stated in the applicable banks schedule of charges. All charges and fees are subject to change without notice at the banks sole discretion.

Primary applicant's signature

(dd/mm/yyyy)

Date

Supplementary applicant's signature

(dd/mm/yyyy)

Date

## IMPORTANT

Please note that all information provided by you will be verified by Card Centre prior to credit approval. Please complete the application in full. Insufficient information may cause delay in processing your application. Attach the following documentary evidence

If salaried : Copy of NIC/Passport, three latest salary slips and letter from employer confirming salary and employment and last three months' bank statements (if not Commercial Bank accounts)

If self-employed : Copy of NIC/Passport, letter from auditors confirming annual income for the last 2 years, business registration certificate and last three months' bank statements (Personal and Company)

Please note : Annual and joining fees will be debited to your Credit Card account

## FOR BANK USE ONLY

Introduced by:

Emp. No:

Department/ Branch:

Emp. No:

Lien Confirmation:

Audit Checked:

Recommended limit : MVR. ....

Officer code: .....

Recommended/Approved/Declined .....

Branch Mgr: .....

Approved/Declined .....

## DOCUMENTS TO BE SUBMITTED

### New Credit Card Applications

- ☐ Photograph
- ☐ Bank Statements (Last 6 months)
- ☐ Trade License (Self-Employed)
- ☐ Memorandum / Articles of Association (For Company Accounts)
- ☐ Copy of TIN Certificate
- ☐ Copy of National ID/Passport
- ☐ Proof of Residence
- ☐ Pay Slip (If Salaried)

### Credit Card Limit Enhancement

- ☐ Application Form
- ☐ Pay Slip
- ☐ Proof of any other income