

# CREDIT CARD APPLICATION FORM



The Manager  
Commercial Bank of Maldives Pvt Ltd

Date:

Branch:

Account no.:

## CHOICE

☐ Visa Classic (Below MVR 15,000 | USD 1,500) ☐ Visa Gold (MVR 15,000 - 49,999 | USD 1,500 - 4,999) ☐ Visa Platinum (Above MVR 50,000 | USD 5,000) ☐ MVR ☐ USD

\* Credit limit will be subject to credit evaluation done by the Bank.

## PERSONAL INFORMATION

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

Full name (as in NIC):

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

Date Of Birth:

Nationality:

NIC No:

Passport No:  (Please attach copies)

Highest Educational/Professional Qualification:

Marital Status: ☐ Single ☐ Married Others (specify)

Email:

## RESIDENTIAL DETAILS

Residential address:

Residential Status : ☐ Own ☐ Rent

If rented, please specify :

Duration at above address : Years  Months

Phone No: (Mobile) +960

## EMPLOYMENT DETAILS

Employment status: ☐ Permanent ☐ Contract Basis ☐ Temporary Others (specify)

Monthly net salary / profit :

Salary remitted to CBM : ☐ Yes ☐ No

Employer / Name of Business:

Employer / Business address:

Designation:

Official Phone No: (+960)

No. of years the company has been in business: Years  Months

Length of service: Years  Months

Nature of Business:

## EMPLOYMENT DETAILS ( If employed for less than 6 months )

Name of previous employer:

Length of service: Years  Months

Official Phone No: (+960)

Nature of Business:

## BUSINESS DETAILS ( For self-employed only )

Name of Business :	<input type="text"/>	Nature of Business:	<input type="text"/>
Business Type :	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited	Others (specify)	<input type="text"/>
Business Share (%) :	<input type="text"/>	Profit Margin :	<input type="text"/>
Annual turnover :	<input type="text"/>	Capital Invested :	<input type="text"/>

## SPOUSE DETAILS

Full name:	<input type="text"/>		
Date Of Birth:	<input type="text" value="(dd/mm/yyyy)"/>	Nationality:	<input type="text"/>
NIC No:	<input type="text"/>	Passport No:	<input type="text"/> (Please attach copies)
Email:	<input type="text"/>	Phone No: +960	<input type="text"/>
Employer/Business Address:	<input type="text"/>		
Designation:	<input type="text"/>	Annual Income:	<input type="text"/>
Nature of business:	<input type="text"/>		

## DETAILS OF A RELATIVES

Please note: Relative mentioned below should not be living with you and he/she will be contacted by the Card Centre during the verification process).

Name:	<input type="text"/>		
Relationship:	<input type="text"/>		
Residential address:	<input type="text"/>	Phone No: (+960)	<input type="text"/>
	<input type="text"/>		

## SUPPLEMENTARY CARD

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

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	Others (specify)	<input type="text"/>
Full name (as in NIC/PP):	<input type="text"/>				
	<input type="text"/>				
Name on Card	<input type="text"/>	Please include surname - 19 characters including spaces):			
Supplementary Limit:	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%	Others <input type="text"/>
N/C No:	<input type="text"/>	Passport No.:	<input type="text"/>	(Please attach copies)	
Date of Birth:	<input type="text" value="(dd/mm/yyyy)"/>	Nationality	<input type="text"/>	Relationship	<input type="text"/>
Home address:	<input type="text"/>			Phone No: (+960)	<input type="text"/>
	<input type="text"/>			Phone No: (+960)	<input type="text"/>

## SETTLEMENT DETAILS

Do you wish to settle card bills on the due date automatically by debiting your account at CBM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Settlement Account No:	<input type="text"/>	(Important) Settlement of	<input type="checkbox"/> 5%	<input type="checkbox"/> 100%	Others (specify)	<input type="text"/>

\*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 respective 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 application. Attach the following documentary evidence.

1. Copy of NIC/Passport
2. If salaried:
  - 2.1 Last 6 months salary slips
  - 2.2 Bank statements (Only if salary is not credited to CBM account)
  - 2.3 Letter from employer confirming salary and employment.
3. If self-employed:
  - 3.1 Business Registration Certificate
  - 3.2 Last 6 months bank statements (If not Banking with CBM)
  - 3.3 Letter from auditors confirming annual income for the last 2 years (if audited financials are not available)

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

## FOR BANK USE ONLY

	Date		Employee No.	Signature
Handed over to Credit		Introduced by		
Received from Credit		Captured to Euronet		
		Audit checked		