

## **ACCOUNT TRANSFER FORM**

| 10. Darik iviariagei        |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
|-----------------------------|-----------|---------|---------|---------|----------|-------|--------|-------|-------|-----|-----|------|----|-------|------|------|
| Date:                       |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| Dear Sir/Madam,             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| Please effect the following | g transfe | r trans | sactior | n as p  | er follo | owing | g deta | ails; |       |     |     |      |    |       |      |      |
| Debit Account Number:       |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| Name:                       |           |         |         |         |          |       |        |       |       |     |     |      |    |       | <br> | <br> |
| Amount MVR/ USD:            |           |         |         |         |          |       |        |       |       |     |     |      |    |       | <br> | <br> |
| Effective date:             |           |         |         |         |          |       |        |       |       |     |     |      |    |       | <br> | <br> |
|                             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| BENEFICIARY DETAIL          | S         |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| Name:                       |           |         |         |         |          |       |        |       |       |     |     |      |    |       | <br> |      |
| Account Number:             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
|                             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| l,                          |           |         |         |         |          |       |        |       |       | 10  |     |      | II | ) No: | <br> | <br> |
| hereby authorize Maldive    | s isiamic | ; Бапк  | CPIC IC | o debii | . тту а  | ibove | men    | HOHE  | ea A/ | ·C. |     |      |    |       |      |      |
| Account holder's signatur   | re:       |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| ý.                          |           |         |         |         |          |       |        |       |       |     | Dat | e:   |    |       | <br> | <br> |
|                             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| FOR BANK USE ONL            | Y         |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
|                             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
| Authorised Signature:       |           |         |         |         |          |       |        |       |       |     | Da  | ate: |    |       | <br> | <br> |
| -                           |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |
|                             |           |         |         |         |          |       |        |       |       |     |     |      |    |       |      |      |