

# ATM Billpay

## Application Form



### Customer Information

Company/Office/Applicant's Name: \_\_\_\_\_

Full address of applicant: \_\_\_\_\_

House/Building name: \_\_\_\_\_

Road name: \_\_\_\_\_

District: \_\_\_\_\_

Island, Atoll: \_\_\_\_\_

National ID/PP No. \_\_\_\_\_  
(Please attach a copy)

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Billpay Instruction

Account (s) to be paid by Billpay

**Please note** initially you can pay any one account of each utility company which you specify. At a later stage you can pay up to 6 separate accounts of each utility company. Details of this will be communicated to customers, when this modification is brought to the system.

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1. _____	1. _____	1. _____	1. _____
2. _____ N/A _____	2. _____ N/A _____	2. _____ N/A _____	2. _____ N/A _____
3. _____ N/A _____	3. _____ N/A _____	3. _____ N/A _____	3. _____ N/A _____
4. _____ N/A _____	4. _____ N/A _____	4. _____ N/A _____	4. _____ N/A _____
5. _____ N/A _____	5. _____ N/A _____	5. _____ N/A _____	5. _____ N/A _____
6. _____ N/A _____	6. _____ N/A _____	6. _____ N/A _____	6. _____ N/A _____

Cash Card No. 

6	0	3	4	3	8									
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**Note :** Please submit a copy of your utility bill or any other document which can be used by the bank to verify your account number with the utility company.

### Declaration

I/We confirm that I/we wish to utilize the Billpay facility to settle my/our utility bills. I/We agree that the terms and conditions of Bank of Maldives Debit Card Cardholder Agreement and other Account Terms and Conditions issued by Bank of Maldives Plc. is applicable to the Billpay facility.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_