



Business Customer Information Application Form

CUSTOMER INFORMATION

Registration Details

Registration Number:	_____	Registered Date:	_____
Company Name	_____	Service Address (If different from Permanent Address)	_____
Registered Address	_____	House/Building name:	_____
House/Building name:	_____	Road:	_____
Road:	_____	District:	_____ Block no: _____
District:	_____ Block no: _____	Atoll, Island:	_____
Atoll, Island:	_____		
Email:	_____		
Contact Name:	_____ Contact No's:	_____ Fax:	_____

SHAREHOLDERS

	Name	Address	ID Card No.	Percentage of Shares	Contact numbers	
					Home	Office
1						
2						
3						
4						
5						

AUTHORISED SIGNATORIES

	Name	Signature
1		
2		
3		
4		
5		

Company Stamp

Note: Identity cards of the shareholders, registration of the company, Article of Association and Memorandum of Association should be submitted with this form.