



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.