

## ACCOUNT OPENING SUPPLEMENTARY FORM - JOINT ACCOUNT

This form must be completed separately by each additional joint account holder for Joint Accounts and Joint Fixed Deposit Accounts. The completed form must be submitted together with the Personal Account Opening Form.

Have you each also submitted the Information Form for Personal Banking Customers?

Yes ( please fill this form and submit to the Bank )

No ( please fill the above mentioned form and submit to the Bank along with this form )

Please fill form in CAPITAL LETTERS

| Personal Information  |  |   |  |  |  |
|---|--|---|--|--|--|
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, please specify: |  |   |  |  |  |
| Full Name:<br>(as in ID card / PP for foreigners)   |  |   |  |  |  |
| National ID Card No.:   |  | Passport No.:<br>(foreigners only)  |  |  |  |
| Contact No.   |  |   |  |  |  |
| Account Information   |  |   |  |  |  |
| If opening more than one Joint Account, please specify the Joint Account related to each applicant  |  | Please select Joint Account ( refer Section-B of Account Opening Form- Personal Banking Customers)<br><input type="checkbox"/> Account No 1 <input type="checkbox"/> Account No 2   |  |  |  |
| Account operations mandate and survivor rights for joint Accounts Only.<br>(tick any one of the options provided under each case)   |  | The Bank may accept signature(s) as follows for account operation and withdrawal funds:<br><input type="checkbox"/> Anyone <input type="checkbox"/> Any two <input type="checkbox"/> All <input type="checkbox"/> Others, please specify<br><br>If the Bank becomes aware of the death of any party to the account, the Bank shall:<br><input type="checkbox"/> allow operation of the account with signature of survivors only<br><input type="checkbox"/> allow operations of the account with signature of all the survivors only<br>(in both options above, survivors are required to close the account and withdraw or transfer all the funds and close the accounts as soon as possible)<br><input type="checkbox"/> cease to allow further operation of the account, and any money to be paid to the legal heirs of the deceased and the survivor(s) through court order |  |  |  |

### Declaration

This declaration is made to Development Bank of Maldives

I/we hereby agree

- To having read, understood and expressly assent to be bound by the Bank's Terms and Conditions as amended from time to time.
- To be bound by the list of Bank charges amended from time to time.
- The information that I have provided in this application is true and accurate.
- That the information and documents provided for identification purposes shall be subject to verification by an authorized employee of the Bank.
- That the deposit is repayable only at maturity along with the benefit.
- That if at my/our request the Bank agrees to make payment before maturity, I/we agree that such repayment would be on forfeiture of entire accrued benefit unless the Bank at its discretion, decides to pay benefit at a rate equal to the period the deposit remained in force or at the rate agreed by me/us as per the decision of the Bank.
- That the details furnished above are true and correct to the best of my knowledge and belief, and I undertake to inform the Bank of any changes immediately.
- To the terms and conditions of the services of the Bank, which may change from time to time.
- To the applicable fees on the List of Bank Charges as amended, published in the official website of the Bank from time to time.
- That if any of the above information is found to be false, untrue, misleading, or misrepresented, I will be liable.
- I hereby declare and acknowledge that the information I had previously provided to the Bank shall be considered the most current and relevant, unless new or additional information is not provided in the information form.
- It is my sole responsibility to inform the Bank if I get registered as a tax resident of any foreign jurisdiction, at any time in the future

This declaration is made to Development Bank of Maldives. (the "Bank" or "DBM"); by checking this box I/we acknowledge and agree to this declaration above;

Primary Applicant:

Name :

Designation :

Signature :

Date :

Joint Applicant 1 :

Name :

Designation :

Signature :

Date :

Joint Applicant 2 :

Name :

Designation :

Signature :

Date :

If more than two Joint Applicants, please complete and submit an additional Joint Supplementary Form along with this form