

**FUND TRANSFER FORM - A/C TO A/C WITHIN DBM**

Please fill in CAPITAL LETTERS.

Date:

Please arrange the transfer of funds as per the details below:

Sender's Detail	
Sender Full Name/ Company Name	
Sender Address (city, country)	
Sender Contact Number & Email address	
Debit Account Number	
Debit Currency and Amount	
Debit Amount in Words	
Beneficiary Detail	
Beneficiary Name	
Beneficiary Address (city, country)	
Account Number / IBAN	
Remit Currency and Amount	
Remit Amount in Words	

Payment Details	
Purpose of Payment	
Special Instructions / Remarks	

Disclaimer: Request received within cut-off time -12pm will be processed same working day

Declaration: This declaration is made to Development Bank of Maldives.

I/We agree to transfer money from my/our account to another account within the Bank, as per the Terms and Conditions applicable to account-to-account transfers. I/We authorize the Bank to debit my/our account number stated in this form for the transfer amount and any applicable charges as per the Bank's List of Bank Charges and applicable exchange rates shall be those prevailing on the date of processing or execution of the transaction, as determined by the Bank. I/We confirm that I/we have read, understood, and request the Bank to process this transfer in accordance with the details provided in this form. I/We accept that the use of this service is subject to the Bank's Terms and Conditions and applicable fees, as amended from time to time and published on the official website of the Bank.

\_\_\_\_\_  
Authorized Signature (Account Holder)

Stamp/ seal :

Date: