

FUND TRANSFER FORM - OUTWARD LOCAL REMITTANCE

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 with DBM	
Debit Currency and Amount	
Debit Amount in Words	
Beneficiary Detail	
Beneficiary Name	
Beneficiary Address (including City & Country)	
Account Number / IBAN	
Remit Currency and Amount	
Remit Amount in Words	
Beneficiary Bank Detail	
Beneficiary Bank Name	
Beneficiary Bank Address (including City & Branch)	
SWIFT Code (if applicable)	

Payment Details	
Purpose of Payment	
Special Instructions / Remarks	
Bank charges (if applicable) paid by	<input type="checkbox"/> Our <input type="checkbox"/> Ben <input type="checkbox"/> Sha

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 as per the Terms & Conditions applicable to Domestic 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 acknowledge 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: