



APPLICATION FOR INTERNET BANKING FACILITY

CORPORATE CUSTOMERS – User Information Form

Date

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Personal Information

Full Name	
Address	
NIC / Passport	
Office Phone Number	
Mobile Number	
Email Address	
Designation	

Facility Information

Preferred User ID ¹		1. Max 10 Digits: Alpha Numeric Only; No Special Character Allowed
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User Access Level (Only Company requested user access level is allowed)	Views	View & Authorize
	View & Initiate (Data Inputs)	View, Initiate & Authorize

Required Facilities (Should not exceed facilities requested by the company)	Account Inquiry	Credit Card Payments (BOC Maldives)
	Fund Transfers – Own Accounts (BOC Maldives)	MIRA Payment
	Fund Transfers – Third Party (BOC Maldives)	Customs Payment
	Fund Transfers – Other Bank (Maldives Other Bank)	All

Account to be Linked with Transactions (Only Company applied accounts will be allowed)	Account Number	All	Account Inquiry	Fund Transfers – Own Accounts (BOC Maldives)	Fund Transfers – Third Party (BOC Maldives)	Fund Transfers – Other Bank (Maldives Other Bank)	Credit Card Payments (BOC Maldives)	MIRA Payment	Customs Payment	Bill Payment
		1								
2										
3										
4										
5										
6										
7										
8										

Email Alert Services	Yes	No	2. For transaction Authorization
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Signature of the User	Signatures of Authorizers (with Company Rubber Stamp)				
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