

ACCOUNT ACTIVATION FORM

DATE

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Customer information

Account Name			
Account Number			
Address			
NIC / PP / WP		Tel No:	
Email Address			
Reason for activation			

Customer Declaration

I hereby request the bank to activate my account mentioned above. I confirm that the information provided is true and correct.

Email Address: csm@boc.mv, Tel: 960 3020515

Account Holder's Signature			Company Seal	
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For Office Use Only

Date		Acc status		Officer's Signature