



PREPAYMENT ACCOUNT APPLICATION FORM

Individual Company Sole Trader Broker Other

Consignee/ Declarant Code: _____

First Name: _____ Last Name: _____

Business Name: _____

Business Address: _____

Permanent Address: _____ Street: _____

Postal Address: _____ Street: _____

Office Telephone: _____ Mobile: _____ Fax: _____

Email Address: _____

Bank Accounts to be accept for Prepayment:

1. Bank Name: _____ Account Name: _____ Account No.: _____

2. Bank Name: _____ Account Name: _____ Account No.: _____

3. Bank Name: _____ Account Name: _____ Account No.: _____

4. Bank Name: _____ Account Name: _____ Account No.: _____

5. Bank Name: _____ Account Name: _____ Account No.: _____

Application Authorized by:

Signature: _____

Name: _____

Designation: _____

Date: _____

(Official / Business Stamp)

For Maldives Customs Service use only

Prepayment Account Number: _____

Authorized Name: _____

Date of Authorization: _____

Authorized Signature: _____