



**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: \_\_\_\_\_