

SECURITIES ACCOUNT OPENING FORM 1 (Individuals)

ސެކިއުލިޓީ އެކައުންޓު ފޯމް 1 (އިންޑިވިޑްއުއަލް) (އެންޓްރީ ފޯމް)

Particulars of Applicant

އިންޑިވިޑްއުއަލްގެ ސެކިއުލިޓީ އެކައުންޓު ފޯމް 1 ގެ ބަޔާން

Full Name: ފުލް ނަންމް
National ID Card No. (For Maldivians): ނޭޝަނަލް އިޑްކާޑް ނަންބަރު
Passport No. (For foreigners): ޕާސަޕޯޓް ނަންބަރު
Additional Identification Provided (For foreigners): ތަނީޔުކުރެވިފައިވާ ހެއްދުންތައް
Nationality: ރާއްޖޭގެ ފަރާތް
Birth Certificate No. (If a foreigner is a minor): ޖެނިއުސީޔު ނަންބަރު
Gender: ޖެންޑަރު
Date of Birth: ޖެނިއުސީޔު ދުވަހު
Permanent Address: ދިގު ރިހާސީޔު ބަންދު
Atoll / Island: ޅަންދު / ރާއްޖެ
Current Address: ވަނަ ރިހާސީޔު ބަންދު
Atoll / Island: ޅަންދު / ރާއްޖެ
Contact No.: ގުޅުވާލެވޭ ނަންބަރު
E-mail: ީމެއިލް ބަންދު
Bank Account No. in Maldives: ދިވެހިރާއްޖޭގެ ބޭންކް އެކައުންޓް ނަންބަރު
Bank Account Name: ބޭންކް އެކައުންޓުގެ ނަންމް
Bank Name: ބޭންކުގެ ނަންމް

DECLARATION
1- I hereby request to open and maintain a Securities Account in the MSD with the particulars given above.
2- I have received and read the rules of MSD and hereby agree to comply those rules of MSD.
3- If there is any change to the information provided above, I hereby agree to inform MSD within 7 working days.
Applicant's Signature
Date

FOR DEALING COMPANY USE ONLY
Broker License No:
Authorized Signature & Stamp of Dealing Company.

FOR MSD USE ONLY
Form No: A C /-
Client's MSD account number:
Entered by:
Authorised by:
Remarks:
called/ emailed / collected

