

# Direct Debit Requisition Form

APPLICANTS' INFORMATION		
Company/Office/Applicant's Name:		Nationality:
Contact Name:	Contact No:	ID.Card No:
<b>ADDRESS:</b>		
Address(Building Name):		E-mail:
Road Name:	District:	
Block No.:	Atoll/Island:	

ACCOUNT(S) TO BE PAID BY DIRECT DEBIT		
Please enter appropriate MWSC Meter Number(s)		
1:	2:	3:
4:	5:	6:
7:	8:	9:

DECLARATION AND SIGNATURES	
To the Chief Executive Officer Bank of Maldives PLC	
I/We confirm that I/We wish to utilize Direct Debit facility to settle my/our MWSC Water Bills. This letter gives you the authority to charge my/our bank account shown below with the amount of my/our bill(s) as informed to you by MWSC in respect of the Meter Number of MWSC listed above. I/We indemnify and relieve the bank from and against any liability that may arise in connection with the correctness of any bill paid during the course of providing the Direct Debit Facility.	
Name:	Address:
Contact Person:	Road Name:
Contact No:	Bank Account No:
Date:	Signature:

TERMS AND CONDITION
<ul style="list-style-type: none"> <li>★ If MWSC makes an error, you are guaranteed a full and immediate credit of any amount overpaid.</li> <li>★ You can cancel Direct Debit at any time by writing to Bank of Maldives PLC. Please make sure you send a copy of your letter to MWSC</li> <li>★ If there is any change in address you are advised to inform MWSC as soon as possible. MWSC will not be responsible for any error due to customer default.</li> </ul> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>▶ Bank of Maldives PLC reserve the right to refuse to accept Direct Debt authority to any particular customer.</li> <li>▶ Bank of Maldives PLC reserve the right to refuse any particular payment request.</li> <li>▶ MWSC reserve the right to cancel Direct Debit arrangement.</li> <li>▶ A valid ID Card must be submitted with this application.</li> </ul>