

CUSTOMER INFORMATION

Company/Office/Applicant's Name:		Title:	Nationality:
Contact Name:	Contact numbers: (Phone / Mobile)	Email Address:	
Full address of applicant:			
1. House/Building name: _____			
2. Road name: _____			
3. District: _____			
4. Block no: _____			
5. Island, Atoll: _____			

TYPE OF SERVICE REQUIRED

(please tick as applicable)

1. New Pre-paid WiMAX Service
2. Disconnect WiMAX Service _____ Date action required _____
3. Become Registered User of WiMAX Service _____
- Name and Address of Present Owner _____
- Signature of Present Owner _____ ID Card No _____
4. Others (please specify) _____

DECLARATION AND SIGNATURES

I/We agree to abide the Terms and Conditions for provision of Dhiraagu Broadband WiMAX Pre-Paid Service by Dhivehi Raajjeyge Gulhun Public Limited Company.
(A copy of the Terms and Conditions are available from Dhiraagu Customer Front Offices)

Name of Applicant: _____ Signature of Applicant: _____

ID Card No: _____

Permanent Address: _____

Date: _____

(Official stamp is required for Government Offices and Companies)

Note: A Valid ID Card or Driving License for Maldivians and a Work Permit Card or Passport for non Maldivians is required with applications.

FOR DHIRAAGU USE ONLY

Serial No: _____ MAC Address: _____

CPE Brand: _____ CPE No: _____

Name of the Agent _____	
Atoll, Island _____	Signature _____
Dhiraagu records updated by _____	Date _____ Signature _____