



# Application for Dhiraagu Broadband WiMAX Pre-Paid Service

For more information please call 123 FREE or email 123@dhiraagu.com.mv

## 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 Private Limited.  
(A copy of the Terms and Conditions are available from Dhiraagu Customer Front Offices)

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 _____	Signature _____
Atoll, Island _____	Signature _____
Dhiraagu records updated by _____	Date _____ Signature _____