

CUSTOMER INFORMATION

Company/Office/Applicant's Name:		Nationality:
Contact Name:	Contact nos:	Email:
FULL ADDRESS OF APPLICANT:		
1. House/Building Name		
2. Road Name		
3. District		
4. Block No.		
5. Atoll, Island		

ACCOUNT(S) TO BE PAID BY DIRECT DEBIT

Please enter appropriate Dhiraagu Account Numbers (available on your bill)

1. _____	1. _____	7. _____
2. _____	2. _____	8. _____
3. _____	3. _____	9. _____

DECLARATION AND SIGNATURES

To the Chief Executive Officer of State Bank of India, Male' Branch

(Please specify Bank of Maldives PLC/State Bank of India, Male' Branch)

I/we confirm that I/we wish to utilize the Direct Debit facility to settle my/our Dhiraagu bills. This letter gives you the authority to charge my/our bank account shown above with the amount of my/our bill(s) as informed to you by Dhiraagu in respect of the Dhiraagu Account numbers(s) listed below. 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 (if different from the above): _____

Contact Number: _____

Bank Account number: _____

Dhiraagu Services Account Number(s): _____

ID Card No: _____

Date: _____

Signature: _____

DIRECT DEBIT GUARANTEE

- If Dhiraagu makes an error, you are guaranteed a full immediate credit of any amount overpaid
- You can cancel Direct Debit at anytime by writing to your bank. Please make sure you send a copy of your letter to Dhiraagu.

Notes:

1. The bank reserves the right to refuse to accept Direct Debit authority to any particular customer.
2. The bank reserves the right to refuse any particular payment request.
3. Dhiraagu reserves the right to cancel Direct Debit arrangement.
4. A valid ID Card must be submitted with this application