

## CUSTOMER INFORMATION

Company/Office/Applicant's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Ext no: \_\_\_\_\_

### FULL ADDRESS AT WHICH SERVICE IS REQUIRED

1. House/Building Name: \_\_\_\_\_

2. Road Name: \_\_\_\_\_

3. District: \_\_\_\_\_

4. Block No: \_\_\_\_\_

5. Island, Atoll: \_\_\_\_\_

### FULL BILLING ADDRESS (if different)

1. House/Building Name: \_\_\_\_\_

2. Road Name: \_\_\_\_\_

3. District: \_\_\_\_\_

4. Post code: \_\_\_\_\_

5. Island, Atoll: \_\_\_\_\_

## TYPE OF SERVICE REQUIRED

Install a new PABX Yes  No  If "Yes" please specify type of PABX

State no. of extensions required off the PABX  (in figures)

State no. of exchange lines to be connected to the PABX  (in figures) specify telephone numbers below

State no. of PABX extensions with Dhiraagu telephone instrument  (in figures)

Requires operator console Yes  No

Internal relocation of PABX system Yes  No

Internal relocation of PABX extension(s) \_\_\_\_\_

Internal wiring of PABX extension(s) \_\_\_\_\_

Change existing PABX from \_\_\_\_\_ to \_\_\_\_\_

Change of PABX programing Yes  No  if "Yes" please give details below

Requires hunting facility Yes  No  If "Yes" please specify telephone numbers and highlight the proposed "Pilot" number below

Others (specify) \_\_\_\_\_

Type of equipment required (if known) \_\_\_\_\_ Date service required: \_\_\_\_\_

## DECLARATION AND SIGNATURES

I/We agree to abide by the Terms and Conditions for Provision of Telecommunications Service by Dhivehi Raajeyge Gulhun Public Limited Company as contained in the current edition of the Telephone Directory and any amendments thereto made from time to time.

Signature of Applicant: \_\_\_\_\_ Signature of Maldivian Sponsor: \_\_\_\_\_

ID card No: \_\_\_\_\_ Name of Sponsor (capitals): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ ID card No: \_\_\_\_\_

Date: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

(Official stamp is required for Offices and Companies)

Note 1: Signature of Maldivian sponsor is required for all Applications by non-Maldivians. The sponsor may be held liable for non-Payment of Bills.

Note 2: Persons authorized to sign on behalf of business: \_\_\_\_\_

## For Dhiraagu use only

CC Y/N: \_\_\_\_\_

CC Sig: \_\_\_\_\_

Date: \_\_\_\_\_

GM: \_\_\_\_\_

JN: \_\_\_\_\_

Issued Date: \_\_\_\_\_