

CUSTOMER INFORMATION

Company/Office/Applicant's Name: _____ Nationality: _____

Contact Name: _____ Contact 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

I/We hereby wish to subscribe/terminate the following Star Services on Telephone

TICK OR STATE AS REQUIRED

Call Forward

Do not Disturb

Speed Dialling

Starlock

Starplus

Required date: _____

Disconnect on: _____

My proposed 4 digit (numeric only) password for the Starlock Service is: _____

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

Note 3: A valid ID Card or Driving License for Maldivians or an Immigration ID Card for non- Maldivians is required with the application.

For Dhiraagu use only

CC Y/N: _____

CC Sig: _____

Date: _____

GM:

JN: _____

Issued Date: _____