



Application for e-Bill Service

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

CUSTOMER INFORMATION

Company/Office/Applicant's Name:

Nationality:

.....

Title:

Contact Name:

Contact No:

E-mail (to which Dhiraagu should send your e-Bill username and password):

Full address of applicant:

1. House/Building name:

2. Road name:

3. District:

4. Block no:

5. Island, Atoll:

NEW USERS

1. Please provide e-Bill service to the following Account / telephone / mobile number

Account no / telephone / mobile:

Preferred user name (give 3 options) 1.

2.

3.

[User name should be min of 5 and max of 15 in alphanumeric (A-Z, 0-9) characters]

EXISTING E-BILL USERS

1. Please provide access to all details of the following new numbers using my existing e-Bill username and password.

Existing e-Bill username:

Existing phone number(s):

New phone number(s):

I confirm that I am the registered owner of the telephone / mobile number(s) for which I have applied for the e-Bill service

Signature of Applicant:

ID Card no:

Permanent Address:

Date:

Persons authorised to sign on behalf of the Company (specimen signature):
(Official stamp is required for Offices and Companies)

Notes:

1. We will advise you your username and password by e-mail as soon as your account(s) is/are set-up.
2. Any change of passwords must be requested for in writing and may take upto 3 working days to process.
3. For individuals please attach your ID card.

For Dhiraagu use only

User name: Date:

E-mail advice sent by: