



Cyber Protect

Application Form

CUSTOMER INFORMATION

☐ New Customer ☐ Existing Customer Customer No. / Account No. / Service No.

☐ National ID Card (for Maldivians) ☐ Passport

Company/Office/Applicant's Name: _____

☐ Registration Certificate

ID No. _____

TIN No. _____

NEW CUSTOMER ☐ Male

Date of Birth: DD MM YY YY ☐ Female

Account No. / Service No. to be billed on

PERMANENT ADDRESS Nationality: _____ Title: _____

House/Building Name: _____

Road: _____

District: _____ Block No: _____

Atoll, Island: _____

Email Address: _____

Login credentials (extension passwords) will be sent to this email address once provisioned. Note: All communications including bill notifications will be sent to this email address

CURRENT ADDRESS / BILLING ADDRESS
(if different from Business Address)

House/Building Name: _____

Road: _____

District: _____ Block No: _____

Atoll, Island: _____

Primary Contact No: _____

Note: All communications including bill notifications will be sent to this mobile number

Contact Name: _____ Contact No's: _____

SERVICE REQUESTED

1 - SERVICE TYPE

- ☐ New Service Request
- ☐ Additional Licenses (Existing Customer)

2 - PACKAGE SELECTION

Please select one:

- ☐ Cyber Protect Essential
- ☐ Cyber Protect Business
- ☐ Cyber Protect Enterprise
- ☐ Cyber Protect Ultimate

3 - NUMBER OF LICENSES (DEVICES)

Number of Licenses Required: _____

4 - IT / SECURITY CONTACT(S) *

Primary Email Address: _____ Primary Contact No: _____

Secondary Email Address: _____ Secondary Contact No: _____

*These contact details are important to ensure our MSSP & SOC teams can effectively coordinate onboarding activities, incident notifications & operational communications with the customer.

5 - ESET TENANT SETUP ACKNOWLEDGEMENT

- ☐ I understand that the Cyber Protect service is delivered via ESET Protect Cloud
- ☐ I will create an ESET tenant account upon receiving activation instructions
- ☐ I confirm that the tenant will be owned by my organisation

6 - ADMIN ACCESS TO DHIRAAGU (MSSP & SOC)

- ☐ I agree to grant administrative access to Dhiraagu Managed Services (MSSP)
- ☐ I agree to grant access to Dhiraagu Security Operations Centre (SOC) for monitoring and incident response

BILLING OPTIONS

I/We would like to:

- ☐ View and download bills via Dhiraagu Online Services - MyAccount
(conveniently view, download, manage accounts and pay your bills instantly by registering at MyAccount at www.dhiraagu.com.mv/myaccount)
- ☐ Subscribe for Email Bill service and receive monthly bills via email. Preferred Email address: _____
- ☐ Change my existing email address that I/We have submitted from: _____ to _____
- ☐ Unsubscribe from Email Bill service
- ☐ Subscribe to paper bills (a monthly fee may be charged in future)

Indicate Billing Address if different from Permanent Address

1. House/Building Name: _____ 2. Street: _____
3. District: _____ 4. Block No.: _____
5. Atoll / Island: _____

DECLARATION & SIGNATURES

I/We hereby declare that:

- The information provided in this application is true, accurate, and complete
- I/We are duly authorised to act on behalf of the organisation applying for this service
- I/We acknowledge that this application is subject to Cyber Protect Terms of Use:

Signature/Stamp (Official stamp is required for Offices and Companies)

For companies, Authorized Signatory (Name and ID Card No.)

Date

DD	MM	YY	YY
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Note:

1. A valid and non expired ID card for Maldivians and a valid and non expired Passport for non Maldivians is required with applications.
2. Non Maldivians are required to pay a deposit.
3. We may also ask for a deposit if
 - you have not previously held an account with us
 - you have been a Dhiraagu customer and have not yet established a good payment record with us; or
 - you have previously failed to make a payment to Dhiraagu
4. If this is the first application of a business, it should include a completed Business Customer Information Form (available on Dhiraagu website and Customer Front office).