

CUSTOMER INFORMATION

Company/Office/Applicant's Name: _____ National ID Card (for Maldivians) Registration Certificate

_____ ID No. | | | | | | | | | | | | | | | | | | | | | |

Date of Birth: | D | D | | M | M | | Y | Y | Y | Y | Male Female Exp. Date | D | D | | M | M | | Y | Y | Y | Y |

Nationality: _____ Title: _____ Reg No. | | | | | | | | | | | | | | | | | | | | | |

PERMANENT ADDRESS

House/Building Name: _____

Road: _____

District: _____ Block No: _____

Atoll, Island: _____

Common Name: _____

Primary Contact Mobile No: _____
All communications including bill notifications will be sent to this mobile number

Primary Email: _____
All communications including bill notifications will be sent to this email address

PRESENT ADDRESS / BILLING ADDRESS

(if different from Permanent Address)

House/Building Name: _____

Road: _____

District: _____ Block No: _____

Atoll, Island: _____

Alternate Contact No: _____

Alternate Email: _____

APPLICABLE FOR FOREIGNERS ONLY

Passport Number: _____ Exp. Date | D | D | | M | M | | Y | Y | Y | Y |

Work Permit: _____ Exp. Date | D | D | | M | M | | Y | Y | Y | Y |

Sponsor Name: _____

New Connection Billing Account: New Existing Account No: _____

I wish to purchase a nice number Category A (₹1,500) Category B (₹1,000)

MOBILE PLANS

1. I wish to apply for the following packages (Please tick the package which you would like to subscribe to)
- Amilla Postpaid Pure Postpaid Flex
1. I wish to change my Plan from Prepaid to Postpaid for Mobile Number _____
2. I wish to become the registered owner of Mobile Number _____
3. I wish to change package for Mobile Number _____
4. I wish to apply for the following Postpaid Packages (Please tick the package which you would like to subscribe to)

POSTPAID PLANS

Pure Postpaid

Postpaid 250 (₹250 per month) Postpaid 350 (₹350 per month) Postpaid 450 (₹450 per month) Postpaid 550 (₹550 per month) Postpaid 750 (₹750 per month)

Postpaid 1000 (₹1,000 per month) Postpaid 1700 (₹1,700 per month)

Amilla Postpaid

Monthly:

Amilla 200 (₹200 per month) Amilla 450 (₹450 per month) Amilla 750 (₹750 per month) Amilla 1000 (₹1,000 per month) Amilla 1500 (₹1,500 per month)

Daily:

Salhi 90+ (₹650 per month) Salhi 150+ (₹850 per month) Salhi 210+ (₹1,200 per month)

(Rates indicated are subject to 8% GST)

SERVICE REQUESTED

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Supplementary Postpaid

Postpaid 150
(M150 per month)

(Rates indicated are subject to 8% GST)

ADDITIONAL SERVICES

1 - Provide / disconnect the following services for Mobile number _____

IDD Forward Directory Unlisted Number Service

Replace SIM card International Roaming
(Voice & SMS)

2 - I wish to

Disconnect Suspend (6 months) Suspend (12 months) Reconnect

Mobile Number _____

OWNERSHIP CHANGE

Present Owner's Details

Identity Document

National ID Card (for Maldivians) Work Permit Passport Registration Certificate ID No. | | | | | | | | | | | | | | | | | |

Name: _____ Address: _____

Signature

For Companies, Authorized Signatory (Name & ID No.)

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 _____

DECLARATION & SIGNATURE

I/We have read and accept Dhivehi Raajjeyge Gulhun PLC Terms and conditions related to the service/s requested. (To be signed by applicant)

Note:

- Required documents
 - Maldivian: Valid and Non Expired National ID
 - Foreigners: Valid and Non Expired Passport or work permit

- 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

- If this is the first application of a business, it should include a completed Business Customer Information Form (available on Dhiraagu website)

Signature

For Companies, Authorized Signatory (Name, Title & ID No.)

Date | D | D | | M | M | | Y | Y | Y | Y |

FOR DHIRAAAGU USE ONLY

Account Password: _____

SIM No: _____

Mobile No: _____

Deposit

Amount: _____

(Spending) Credit Limit: _____

Staff Name: _____