

Mobile Postpaid Service

Application Form

	Company/Office/Applicant's Name:		National ID Card (for Maldivians) Registration Certificate			
CUSTOMER INFORMATION		ID N	No.			
	Date of Birth: DDDMMM	emale Exp	o. Date			
	Nationality: Title:	Reg	g No.			
	PERMANENT ADDRESS PRESENT		ADDRESS			
	House/Building Name: House/Build		ling Name:			
	Road: R	Road: _				
	District: Block No: D	District:	_	Block No:		
	Atoll, Island:	itoll, Island:	_			
	Common Name:					
	Primary Contact Mobile No: A	Alternate Contact I	No:			
	Primary Email: A	Alternate Email:				
	APPLICABLE FOR FOREIGNERS ONLY					
	Passport Number: Exp. Date DDMMMYYYYY					
	Work Permit: E	xp. Date	D	[M M] [Y Y Y Y]		
	Employer Address:					
	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					
SERVICE REQUESTED	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					
	I wish to change my Plan from Prepaid to Postpaid for Mobile Number					
	2. I wish to become the registered owner of Mobile Number					
	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 (250 per month) Postpaid 450 (250 per month) Postpaid 450 (250 per month) Postpaid 550 (250 per month) Postpaid 750 (2750 per month) Postpaid 1000 (21,700 per month) Postpaid 1700 (21,700 per month)					
	Amilla Postpaid Monthly:					
	Amilla 200 Amilla 450 (200 per month) Amilla 450 (250 per month) Amilla 1500 (21,500 per month) Amilla 1500 (21,500 per month)					
	Daily: Salhi 90+ Salhi 150+ Salhi 210+					
	(-650 per month) (-850 per month) (-1,200 per month)					

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Account Password:	SIM No:	Mobile No:
Deposit		
Amount	(Spanding) Cradit Limit	
Amount:	(Spending) Credit Limit:	
Staff Name:		