

Mobile Number Port In Request Application Form

	Company/Office/Applicant's Name:		_ Nation	National ID Card (for Maldivians) Registration Certificate		
			_ ID No.			
	Date of Birth:	Y Y Male Female	Exp. Date	D D M	M	
	Nationality: Title:		Reg No.			
	PERMANENT ADDRESS PF (if		PRESENT ADDRESS / BILLING ADDRESS (if different from Permanent Address)			
<u>N</u>	House/Building Name:	House/Bu	ilding Name: _			
MAT	Road:	Road:	_			
NFO	District: Blo	ock No: District:	_		Block No:	
CUSTOMER INFORMATION	Atoll, Island:	Atoll, Islan	nd: _			
STO	Common Name:					
2	Primary Contact Mobile No: All communications including bill notifications will be sent to this mobile number		Contact No: _			
	Primary Email: All communications including bill notifications will be sent to this email	Alternate address	Email:			
	APPLICABLE FOR FOREIGNERS ONLY					
	Passport Number:	Exp. Date	D D	M M Y	Y Y Y	
	Work Permit:	Exp. Date	D D	_ M	Y Y Y	
	Sponsor Name:					
SERVICE REQUESTED	UPC:	Donor Op	erator:)	
	UPC Received Date:	Date of Po	ort in request:			
	Mobile Number (MSISDN):	Current M	obile Service:	Prepaid	Postpaid	
	Rate of current plan (DO Plan):	Change P (Please atta		n to: n Postpaid / Prepaid application form)		
		Cancel Po	rt in request:			
RES	I/We have read and accepted Dhiraagu General Terms and the service/s requested. (To be signed by applicant)	n		xpired ID card for Maldi port or work permit for		
& SIGNATURES		2. <i>A</i>	non-refundable	fee is applicable for nu	mber porting service.	
SIGN			ostpaid custome	ers will need to submit a	a copy of their last bill.	
% N	Signature / Stamp (Official stamp is required for Offices and Companies)		For Prepaid Customers; any balance talk time/SMS/Data will not be carried forward upon porting.			
DECLARATION	For companies, Authorized Signatory (Name, Title & ID Card No.)		5. Agree to pay all dues to the Donor Operator pertaining to the mobile number sought to be ported till its eventual porting and understands and agrees that in the event of non-payment of any such dues to the Donor Operator, the ported mobile number shall, without prejudice to any other remedies available to the Donor Operator under law for recovery of such dues, be liable to be			
	Date: D D M M Y Y Y	disc	connected by the	Recipient Operator.		

SIM No:	Phone No:			
Form received by:	Date:	Initial:		
Request updated to portal by:	Date:	Initial:		
Sent for DO Approval Date:	Time:	Initial:		
Application reference number in portal:				
Activated Date:	Time:	Initial:		
Issued Date:				