

CUSTOMER INFORMATION

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

Date of Birth: [D | D] [M | M] [Y | Y | Y | Y] Male Female ID No. [| | | | | | | | | |]

Nationality: _____ Title: _____ Exp. Date [D | D] [M | M] [Y | Y | Y | Y]

Reg No. [| | | | | | | | | |]

PERMANENT ADDRESS

House/Building name: _____

Road: _____

District: _____ Block no: _____

Atoll, Island: _____

Common Name: _____

Primary Contact Mobile No: _____

Primary Email: _____

PRESENT 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]

Employer Address _____

SERVICE REQUESTED

New Connection Billing Account: New Existing Account No: _____

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

MOBILE PLANS

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 no _____

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 PLAN

<input type="checkbox"/> Postpaid150 (MVR150 per month)	<input type="checkbox"/> Postpaid550 (MVR550 per month)	<input type="checkbox"/> Postpaid1000 (MVR1000 per month)	<input type="checkbox"/> Amilla 200 (MVR200 per month)	<input type="checkbox"/> Amilla 750 (MVR750 per month)	<input type="checkbox"/> Amilla 1500 (MVR1500 per month)
<input type="checkbox"/> Postpaid350 (MVR350 per month)	<input type="checkbox"/> Postpaid750 (MVR750 per month)	<input type="checkbox"/> Postpaid1700 (MVR1700 per month)	<input type="checkbox"/> Amilla 450 (MVR450 per month)	<input type="checkbox"/> Amilla 1000 (MVR1000 per month)	

(Rates indicated are subject to 6% GST)

MOBILE BROADBAND PACKAGES

<input type="checkbox"/> MBB299 - 5GB (MVR299 per month)	<input type="checkbox"/> MBB699 - 25GB (MVR699 per month)	<input type="checkbox"/> MBB999 - 40GB (MVR999 per month)	<input type="checkbox"/> MBB2999 - 150GB (MVR2999 per month)	<input type="checkbox"/> MBB7599* - 500GB (MVR7599 per month)
<input type="checkbox"/> MBB399 - 10GB (MVR399 per month)	<input type="checkbox"/> MBB899 - 30GB (MVR899 per month)	<input type="checkbox"/> MBB1099 - 50GB (MVR1099 per month)	<input type="checkbox"/> MBB5699* - 300GB (MVR5699 per month)	

Speed will be throttled to 128kbps upon reaching the FUA *Only available for Postpaid Customers

(Rates indicated are subject to 6% GST)

Additional Services

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

- | | | |
|-------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> IDD | <input type="checkbox"/> Forward Directory | <input type="checkbox"/> Unlisted Number Service |
| <input type="checkbox"/> Replace SIM card | <input type="checkbox"/> International Roaming (Voice & SMS) | |
- 2- I wish to
- | | | | |
|-------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Disconnect | <input type="checkbox"/> Suspend (6 months) | <input type="checkbox"/> Suspend (12 months) | <input type="checkbox"/> Reconnect |
|-------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------|

Mobile number _____

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.) _____

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 E-mail Bill service from Mobile Number: _____

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

Signature _____

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

Date [D | D] [M | M] [Y | Y | Y | Y]

Note:

- 1. Required documents
 - Maldivian: Valid National ID
 - Foreigners: Valid and Non Expired Workpermit
- 2. 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
- 3. 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).

Account Password: _____ SIM No: _____ Mobile No: _____

Deposit

Amount: _____ (Spending) Credit Limit: _____

Staff Name: _____