

## Web Hosting, Domain, and Email Service Application Form

	Company/Office/Applicant's Name:											_	National ID Card (for Maldivians) Registration Certificate																			
CUSTOMER INFORMATION																		_	ID No	٥.	l											
	Date of Birth: DDDMMM YYYYY Male Female											Ехр.	Date	e [	D	[		<u></u>	1	М	J L	Υ	Υ	Y	Υ							
	Nationality:	nality: Title:										Reg I	No.	Į											Ш							
	PERMANENT A	PERMANENT ADDRESS S										SEI	RVICE ADDRESS																			
	House/Building name:										-	House/Building name:																				
	Road:	Road:									-	Road:						_														
	District: Block no: ———										_	District:						Block no:														
	Atoll, Island:										-		Atoll, Island:																			
	Common Name:																															
	Primary Contact Mobile No:											Alternate Contact No:					_															
	Primary Email:										_	Alternate Email:						_														
	APPLICABLE	FOR FOF	REIGN	NERS	S ONI	_Y																										
	Passport Number										_		Exp	o. Dat	e L	D D				_ M												
	Work permit									_	Exp. Date						_ M _ [ Y   Y   Y   Y ]															
	Employer Address																						_									
	DOMAIN NAME	DOMAIN NAME & EMAIL																														
	Please specify your Domain Name: (minimum of 3 and maximum of 26 alphanumeric									c [a	-z,0-	9] ch	arac	ters)																		
	1st Choice				ᆜ																					_	)					
ED	2nd Choice																										)					
QUESTED		mv			com.n	nv		gov	v.mv			ed	u.mv	V		org.	mv		ne	et.m	V											
REGI		* Please	* Please attach a separate sheet for additional domains.																													
	WEB HOSTING	WEB HOSTING SERVICE Web Server platfor											form																			
SERVICE	Starter Lite Standard Pro Pro Plus Linux hos										nosti	ng	g Windows hosting																			
S	VIRUS AND SPAM PROTECTION																															
	Managed Spam and Email Virus Protection for domains																															
	Please specify do	Please specify domain name Lite Package										ge					Pro	Pa	ckag	е												
	I/We would like to:																															
ONS	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												ount)																			
OPTIONS	(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																															
BILLING	_	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																														
BILL	unsubscribe from E-mail Bill service													- 10																		
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**DECLARATION & SIGNATURES** 

Note:	1. Required Documents: - Maldivian: Valid National ID - Foreigners: Valid and Non Expired Workpermit 2. Non Maldivians are required to pay a deposit. 3. If this is the first application of a business, it should include Customer Front Office).	a completed Business Customer Information Form (available on Dhiraagu website and
	Signature	For Companies, Authorized Signatory (Name & ID No.)

Date: