



Refund / Replacement Request Form

Form #:

TO: CSC
COPY: DM

Customer Account Name: _____ Account No: _____
Customer Contact Number: _____ Pre-Order No: _____
Customer NID/PP Number: _____ Email-ID: _____

2- ORIGINAL DEVICE DESCRIPTIONS:

Device Model: _____ Memory: _____ Color: _____
Preferred Payment Mode: FULL ADVANCE.
Refund Amount (Including GST 6%) MVR: _____
Payment Receipt Number: _____ Payment Date: _____
Attach copy of Payment Receipt :

3- PREFERRED REFUND METHOD(TICK)

- Online Payment Customer (Same Account Reversal)
- Walk-in Pay Customer - Card Payment (Bank Transfer/Cheque)
- Walk-in Pay Customer - Cash Payment (Bank Transfer/Cheque/Cash)

4- PREFERRED BANK FROM CHEQUE TO BE ISSUED: (TICK)

- Bank of Maldives
- State Bank of India

5- CUSTOMER BANK ACCOUNT DETAILS:

*Bank Account Name: _____
Bank Account Number: _____
Bank: _____

** Transfer to different Account / Cheque under different name:

Bank Account Name: _____
Bank Account Number: _____
Bank: _____

Documents Required: * NID copy of the Customer
** NID copy of the customer and Bank Account Holder

Declaration and Signature:

By signing this form, I agree that all of the above information are true and accurate. I have read and agree to all the terms and condition of the Dhiraagu Refund Procedure for Handset Devices as published on the Dhiraagu Website (<http://bit.ly/2ct6mbj>) and will be responsible for any liabilities arising in connection with the information provided herein.

Name: _____ Signature: _____
NID Number: _____ Date: _____

6- DHIRAAGU USE ONLY:

Form Received & Verified by: _____

Date: _____

Signature: _____

Authorised by: _____ Authorised by: _____

Date: _____ Date: _____

Signature: _____ Signature: _____