Billing Service
Application Form

CUSTOMER INFORMATION

☐ New Customer ☐ Existing Customer _____
Customer No. / Account No. / Service No.

Company/Office/Applicant's Name: _____

_____

Identity Document
☐ National ID Card (for Maldivians) ☐ Work permit ☐ Passport
☐ Registration Certificate
ID No. _____

New Customers

Date of Birth: D D M M Y Y Y Y ☐ Male ☐ Female

_____
Account No. / Service No. to be billed on

PERMANENT ADDRESS Nationality: _____ Title: _____

House/Building name: _____
Road: _____
District: _____ Block no: _____
Atoll, Island: _____
Email: _____

SERVICE ADDRESS (If different from Permanent Address)

House/Building name: _____
Road: _____
District: _____ Block no: _____
Atoll, Island: _____

Contact Name: _____ Contact No's: _____

BILLING OPTIONS

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 emailPreferred Email address _____

☐ change my existing email address that I/We have submitted from _____ to _____

☐ unsubscribe from E-mail Bill service

☐ subscribe to paper bills(a monthly fee may be charged in future)

Indicate Billing Address if different from Permanent Address

1. House/Building Name: _____
2. Street: _____
3. District: _____
4. Block No. _____
5. Atoll/Island: _____

DECLARATION & SIGNATURES

I/We have read and accept Dhivehi Raajjeyge Gulhun Plc Terms and conditions related to the service/s requested.

Note: A valid ID card is required for Maldivians and for other nationals a valid Passport or Work Visa is required with the application.

_____
Signature/Stamp(Official stamp is required for Offices and Companies)

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

Date: D D M M Y Y Y Y