TV Service Application Form

dhiraagu

CUSTOMER INFORMATION

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

Identity Document
☐ National ID Card (for Maldivians) ☐ Work permit ☐ Passport ☐ Registration Certificate

Company/Office/Applicant ' s Name: _____

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: _____ Fax: _____

SERVICE REQUESTED

☐ 1. Provide new TV service Account Type: DhiraaguTV + DhiraaguPlay ☐ Postpaid ☐ Prepaid ☐ DhiraaguPlay only (Available as Prepaid only)

☐ to existing broadband connection ☐ with new broadband connection (available only in islands with residential telephone service)

Additional Services (Select one)
☐ Buy JoyBox
☐ Free JoyBox

Service No.

☐ 2. Relocate TV & broadband services within same premises _____

☐ 3. Internal wiring for TV service(s) _____

☐ 4. Relocate TV & broadband services to my new address above _____

☐ 5. Relocate only TV service to another broadband service no. _____

☐ 6. Disconnect TV service no. _____

☐ 7. Change ownership of JoyBox Please provide JoyBox Serial no (last 4 digits) _____

Signature of present owner: _____

☐ 8. Other (Please specify) _____

TV Packages
☐ Starter Package
☐ Basic Package

Add-ons
☐ Add-on Excitement
☐ Add-on Fun

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 email. Preferred Email address _____

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

☐ unsubscribe from E-mail Bill service

☐ subscribe to paper bills

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.

_____

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

Note: 1. A valid ID card for Maldivians and the Passport and Work visa for non Maldivians is required with applications.

2. N on Maldivians are required to pay a deposit.

3. If this is the first application of a business, it should include a completedBusiness Customer Information Form (available on Dhiraagu website and Customer Front office).