Billing Service

Application Form

For more information please call
123 FREE or email 123@dhiraagu.com.mv

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: _____ Fax: _____

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 _____ 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 |