



Direct Debit 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: _____

SERVICE ADDRESS (If different from Permanent Address)

House/Building name: _____

House/Building name: _____

Road: _____

Road: _____

District: _____ Block no: _____

District: _____ Block no: _____

Atoll, Island: _____

Atoll, Island: _____

Email: _____

Contact Name: _____ Contact No's: _____ Fax: _____

SERVICE REQUESTED

Account(s) to be paid by Direct Debit

Please enter appropriate Dhiraagu Account Numbers (available on your bill)

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

DECLARATION & SIGNATURES

To the Chief Executive Officer of Bank of Maldives/State Bank of India, Male' Branch

(Please specify Bank of Maldives PLC/State Bank of India, Male' Branch)

I/we confirm that I/we wish to utilize the Direct Debit facility to settle my/our Dhiraagu bills. This letter gives you the authority to charge my/our bank account shown above with the amount of my/our bill(s) as informed to you by Dhiraagu in respect of the Dhiraagu Account numbers(s) listed below.

I/we indemnify and relieve the bank from and against any liability that may arise in connection with the correctness of any bill paid during the course of providing the Direct Debit Facility.

Name: _____ Address: _____

Contact Person (if different from the above):

Name: _____ Contact Number: _____

Bank Account number: _____ Dhiraagu Services Account Number(s): _____

ID Card No: _____ Date: _____ Signature: _____

DIRECT DEBIT GUARENTEE

- If Dhiraagu makes an error, you are guaranteed a full immediate credit of any amount overpaid
- You can cancel Direct Debit anytime by writing to your bank. Please make sure you send a copy of your letter to Dhiraagu.

Notes:

1. The bank reserves the right to refuse to accept Direct Debit authority to any particular customer.
2. The bank reserves the right to refuse any particular payment request.
3. Dhiraagu reserves the right to cancel Direct Debit arrangement.
4. A valid ID Card must be submitted with this application for individuals, and for companies a board resolution should be submitted along with this application form.

TERMS & CONDITIONS

1. Applicant for Direct Debit service will be bank account holder.
2. Signature on the application form and the bank account signature must be the same.
3. A 2% discount will be applied to every monthly bill until the account is removed from Direct Debit service.
4. Dhiraagu has the right to terminate the offer as and when decided by the management.
5. If Direct Debit transaction is rejected from the bank for consecutive two months, the account will be removed from Direct Debit service.