



# PABX Trunking Service Application Form

**CUSTOMER INFORMATION**

New Customer     Existing Customer    \_\_\_\_\_  
Customer No. / Account No. / Service No.

Company/Office/Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_        **SERVICE ADDRESS** (If different from Permanent Address)

Road: \_\_\_\_\_    **House/Building name:** \_\_\_\_\_

District: \_\_\_\_\_    Block no: \_\_\_\_\_    **Road:** \_\_\_\_\_

Atoll, Island: \_\_\_\_\_    **District:** \_\_\_\_\_    Block no: \_\_\_\_\_

**Atoll, Island:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_    **Contact No's:** \_\_\_\_\_

**SERVICE DETAILS**

Telephone number to be associated with this service (if exists) \_\_\_\_\_

Pilot number (if one exists) [ | | | | | | | | ]

No. of new Telephone numbers required [ | | ]

No. of concurrent calls required [ | | ]

No. of DID blocks (if required) (available in blocks of 100 numbers) [ | | ]

Is there an existing Leased Line that can be shared for this service?     Yes     No

If the above answer is "Yes", please provide the Service Number of the existing Leased Line. [ M | A | | | | | ]

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