



# PABX Trunking Service

## Application Form

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

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

PERMANENT ADDRESS Nationality: \_\_\_\_\_ Title: \_\_\_\_\_

House/Building name: \_\_\_\_\_

Road: \_\_\_\_\_

District: \_\_\_\_\_ Block no: \_\_\_\_\_

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

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

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

### Identity Document

National ID Card (for Maldivians)  Work permit  Passport

Registration Certificate

ID No. [ | | | | | | | | | | | | | | | | | | | | | ]

Account No. / Service No. to be billed on

SERVICE ADDRESS (If different from Permanent Address)

House/Building name: \_\_\_\_\_

Road: \_\_\_\_\_

District: \_\_\_\_\_ Block no: \_\_\_\_\_

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

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).