

CUSTOMER INFORMATION

Company/Office/Applicant's Name: _____ Nationality: _____

Contact Name: _____ Contact No: _____ Ext no: _____

FULL ADDRESS AT WHICH SERVICE IS REQUIRED

1. House/Building Name: _____

2. Road Name: _____

3. District: _____

4. Block No: _____

5. Island, Atoll: _____

FULL BILLING ADDRESS (if different)

1. House/Building Name: _____

2. Road Name: _____

3. District: _____

4. Post code: _____

5. Island, Atoll: _____

TYPE OF SERVICE REQUIRED

Install a new PABX Yes No If "Yes" please specify type of PABX _____

State no. of extensions required off the PABX (in figures)

State no. of exchange lines to be connected to the PABX (in figures) specify telephone numbers below _____

State no. of PABX extensions with Dhiraagu telephone instrument (in figures)

Requires operator console Yes No

Internal relocation of PABX system Yes No

Internal relocation of PABX extension(s) _____

Internal wiring of PABX extension(s) _____

Change existing PABX from _____ to _____

Change of PABX programing Yes No if "Yes" please give details below _____

Requires hunting facility Yes No If "Yes" please specify telephone numbers and highlight the proposed "Pilot" number below _____

Others (specify) _____

Type of equipment required (if known) _____ Date service required: _____

DECLARATION AND SIGNATURES

I/We agree to abide by the Terms and Conditions for Provision of Telecommunications Service by Dhivehi Raajeyge Gulhun Private Limited as contained in the current edition of the Telephone Directory and any amendments thereto made from time to time.

Signature of Applicant: _____ Signature of Maldivian Sponsor: _____

ID card No: _____ Name of Sponsor (capitals): _____

Permanent Address: _____ ID card No: _____

Date: _____ Permanent Address: _____

(Official stamp is required for Offices and Companies)

Note 1: Signature of Maldivian sponsor is required for all Applications by non-Maldivians. The sponsor may be held liable for non-Payment of Bills.

Note 2: Persons authorized to sign on behalf of business: _____

For Dhiraagu use only

CC Y/N: _____

CC Sig: _____

Date: _____

GM: _____

JN: _____

Issued Date: _____