



# Application for Billing Service

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

## CUSTOMER INFORMATION

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

Contact Name: \_\_\_\_\_ Contact Nos (Phone/mobile): \_\_\_\_\_ Email: \_\_\_\_\_

## TYPE OF SERVICE REQUIRED

Please tick  as applicable

1.  Change billing address of number(s): .....

### NEW BILLING ADDRESS

House/Building Name: .....  
(Floor, apartment/flat number, wing... etc., [if applicable])

Care of (\*): .....

Road Name: .....

District: .....

2.  Printed Bill not required for number(s): .....

3.  Others please specify: .....

## DECLARATION AND SIGNATURES

I/We agree to abide by The Terms and Conditions for provision of Billing Services by Telecommunications Service by Dhivehi Raajjeyge Gulhun Private Limited. (A copy of the Terms and Conditions is available from Dhiraagu Customer Front Office).

Signature of Applicant..... ID card No: .....

Permanent Address..... Date: .....  
(Official stamp is required for Offices and Companies)

- Note:
1. A valid ID card or driving License for Maldivians and the Passport and Work Permit for non Maldivians is required with the application.
  2. Please submit this application to your nearest Dhiraagu Customer Front Office.
  3. A completed application should take 5 working days to process.

## CUSTOMER COMMENTS

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## FOR DHIRAAGU USE ONLY

1. Customer Account No: .....

|             | Date | Signature: | Others: |
|-------------|------|------------|---------|
| Received:   |      |            |         |
| SO raised:  |      |            |         |
| Checked:    |      |            |         |
| Signed off: |      |            |         |
| Directory:  |      |            |         |