YOUR SERVICE APPLICATION

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Full Name (As on NIC or on Company Registration) :		Service Area: Cable Hits Plus Hits
Nationality:	Date of Birth:	Gender: Male Female
Permanent Address:	Atoll:	Island:
Street:	Apartment:	Floor:
Company Registration (if STB is under company name) :		Company Registration Number:
Phone Number:	Mobile Number:	NIC/ Passport Number:

Email Address:

INSTALLATION DETAILS

Account Number:	Business Partner:	Service Type: New C	Connection Relocation
Installation Address:		Atoll:	Island:
Street:		Apartment:	Floor:

OWNERSHIP CHANGE

Full Name (As on NIC or on Company Registration) :

NIC/ Passport Number :

SOURCE OF INFORMATION				
medianet.mv	f Facebook	Twitter		
🔄 🎯 Instagram	Voutube	Sales Center		
Call Center	Sales Team	Technicians		
Television	Bmail	Friends /Family		
Cafe's	Public Posters	Business Partners		
Other				

FOR MEDIANET USE ONLY

Account Number:

Attended By:

Decoder checklist verified:

Signature:

Remarks:

Account Number :

Sign :

DECLARATION

I hereby declare ;

- 1) All details furnished in this application are true correct and complete
- ${\bf 2}$) I understand and agree to use the service in accordance to the Terms and Condtions of services of the service provider
- 3) I understand that the service rendered is for the use for a single unit and shall not be used for a commercial purpose or to generate any profit
- 4) I will be responsible in getting the permission from the building owner for any installation work required. (includes Drilling, Amp installation etc.)

5) For cable customers only:

- I understand for fiber connection completion : 3-5 working days are needed if fiber exists in the building
- 7-14 working days are needed if fiber is not laid in the building

Signature and/ or stamp

Date: