

# A little about you and your service application

Below is your order checklist and other information required to apply for our services. It is important that you read and understand it before you place your order.

## Type of Service

New Connection       Relocation       Ownership Change

Operator

Remarks

## Your Details

Full Name (as on NIC/or on Company Registration)

Nationality      Date of Birth    /    /    Gender     Male     Female

Permanent Address      Atoll      Island

Installation Address

Street      Apartment      Floor

Company Registration no. (if STB is under a company name)

Phone no.           Mobile no.           Fax no.

NIC no.           Passport no.

Email

Contact Person (if different from above)

Contact no.           Phone no.

No. of TV sets in the household    Residential status     Owner     Tenant

Existing cable laid     Internally cabled    Account no.

Preferred Channels

## Your TV Entertainment

I understand I am subscribing monthly to:

Choose the Package you love

Local       Premium

Basic

Family

Total

## Source of Information

medianet.mv     opentv.mv     Facebook

Twitter     Instagram     YouTube

Sales Center     Call Center     Sales Team

Technicians     Television     Bmail

Friends/Family     Cafe's     Public Posters

Dealers     Other

## Declaration

I understand and agree with the rules and regulations of Medianet as stipulated within the Medianet Terms and Conditions of Services and I agree that the information provided on this form is true and accurate.

Signature and/or stamp

Date

Time

## For Medianet use only

Account no.

Attended by

Signature