HOUSING
DEVELOPMENT
CORPORATION

FORM REF NO:

BSI-2023-FRM-018 _ V 1.3

REQUISITION FOR LEASED LINE SERVICE

BUSINESS SOLUTIONS

Housing Development Corporation Limited
HDC Building, Hulhumalé, Republic of Maldives
Hotline 1516   T +960 335 3535
E hello@hdc.mv W www.hdc.mv

General Information

Business Name:	
Business Registration No:	
SME Registration No:	
GST TIN No.:	
Address:	
Email:	
Contact Number:	

Service Details

Types of service: ☐ Leased Line (P2P)   ☐ Leased Line (Multipoint)

Connection Information: Bandwidth [＿＿＿] (Mbps)   Service Option: [＿＿＿]
(New/Upgrade/Downgrade)

Comments: [＿＿＿＿＿＿]

(eg.: Use comments to fill, existing customer code, upgrade/downgrade etc.)

Service Required Date: [＿＿＿＿＿＿]

Router: ☐ Yes   ☐ No

Service Address

Address: [＿＿＿＿＿]   Floor/ Apartment: [＿＿＿＿＿]

Road Name: [＿＿＿＿＿]   Atoll/Island: [＿＿＿＿＿]

Connectivity Path

Point A Address: [_____]   Point B Address: [_____]

[_____]   [_____]

Information of the Authorized Representative

Full Name: [_____]   Designation: [_____]

Contact No.: [_____]   Email Address: [_____]

ID Card No: [_____]

Declaration

I hereby declare that the information provided in this form is true and accurate. Any changes to the information provided in this form will be informed to HDC in writing. Any information required by HDC to update this form will be provided upon request.

I/ We hereby agree that HDC have the full rights to reject/cancel the requisition form if I/we fail to provide the accurate information.

In addition, I/We agree that I/We have read the terms and conditions in this form, and agree to abide to all the terms and conditions set forth in this form.

I/We also agree that I/we do not have any dues to HDC and/or any cases of noncompliance.

Applicant

Signature / Company Stamp

Name: _____

Designation: _____

Date & Time: _____

*All fields must be filled

Documents to be submitted with this application

- Company Registration
- Valid ID card copies of the authorized representative
- If a SME, SME registration certificate
- Concept Drawings

FOR HDC USE ONLY

Received by

Signature

Name:

Designation / Staff ID:

Date & Time:

HOD Approval
(Approver)

Signature

Name:

Designation / Staff ID:

Date & Time:

Remarks: