

BSI-2023-FRM-017 \_ V 1.1

# REQUISITION FOR IN-BUILDING SOLUTIONS

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

## Requisition Details

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

## Service

Types of service:

New:

Modification:

Dark fiber (No. of cores)

1 Core

2 Core

4 Core

Other\_\_\_\_\_

Leased line

Capacity Requirement: \_\_\_\_\_

### 3. Point of Termination

Point A: \_\_\_\_\_

Point C: \_\_\_\_\_

Point B: \_\_\_\_\_

Others: \_\_\_\_\_

## Information on Operator Equipment Installed on the Facilities

Type	Quantity	Manufacturer	Model	Height (m)	Length (m)	Weight (kg)	Area (Sqft)	Frequency Band

## Information of the Authorized representative

Full Name:	
ID Card No:	
Email:	
Contact Number:	
Designation:	

## 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

Name:

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Designation:

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Date & Time:

## 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: