بسم الله الرحمن الرحيم

PSM

Announcement Application Form

Service No.

Customer Details:

Business Name:

Billing Address

Building Name:

Floor: Atoll/Island:

Street Name:

Phone: Fax:

Contact Person

Name:

Designation:

Mobile no:

E-mail:

SERVICE REQUESTED

Announcement Details

	Date	TVM	ADU		Date	TVM	ADU
Day 01				Day 08			
Day 02				Day 09			
Day 03				Day 10			
Day 04				Day 11			
Day 05				Day 12			
Day 06				Day 13			
Day 07				Day 14			

Others.

We here by agree to take the above mentioned service on **PSM***'s terms and conditions*

Name: Date:

Designation: Signature:

Company stamp or ID card No.:

PSM's use only

FINANCE:

Recieved: Name:

Reciept No.: Date:

Signature:

SALES & MARKETING:

	No. of characters	Rate	Nos.	Amount
TVM				
ADU				
			Total	
			GST 6%	
			Grand Total	

Data enterd by:

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