



## Service Application Form

Service No.

<b>Customer Details:</b> Business / Registered Name: <input type="text"/>	
<b>Billing Address</b>	<b>Contact Person</b>
Building Name: <input type="text"/>	Name: <input type="text"/>
Floor: <input type="text"/> Atoll/Island <input type="text"/>	Designation: <input type="text"/>
Street Name: <input type="text"/>	Mobile no: <input type="text"/>
Phone: <input type="text"/> Fax: <input type="text"/>	E-mail: <input type="text"/>

**IMPORTANT: Uncompleted forms will not be accepted**

### SERVICE REQUESTED

FROM:  TVM  ADU  Dhivehi FM  Website  
 PSM News  Yes Tv  Munnaaru Tv  Dheenuge Adu

SERVICE REQUIRE:

OTHER DETAILS:

REQUESTED: Date:  Time:  Duration:  Vanue:

**Following informations are important when requesting air time from TVM**

OTHER SERVICE REQUIRED  Video coverage  PA sound  Clean feed  Fiber Link To:

CONTENT FORMAT  Live  Indoor  Out door  Pre-Recorded  Betacam  DV  DVD

Name or title of the event as it should be displayed on screen (in Dhivehi and English)

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English:

**We here by agree to abide by PSM's terms & conditions in obtaining the avove requested service.**

Name:  Date:  Company stamp:

Designation:  Signature:

### PSM's use only

<b>SALES &amp; MARKETING:</b> Service details: <input type="text"/>	Amount:	<input type="text"/>	Data entry Name: <input type="text"/> Date: <input type="text"/> Signature: <input type="text"/>
	Discount:	<input type="text"/>	
	Total:	<input type="text"/>	
	GST:	<input type="text"/>	
	Grand Total:	<input type="text"/>	
<b>FINANCE:</b>	Name: <input type="text"/>		
Recieved: <input type="text"/>	Date: <input type="text"/>		
Receipt No.: <input type="text"/>	Signature: <input type="text"/>		