



Service Application Form

Service No.

Customer Details: Business / Registered Name: <input type="text"/>	
Billing Address	Contact Person
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:	<input type="checkbox"/> TVM	<input type="checkbox"/> ADU	<input type="checkbox"/> Dhivehi FM	<input type="checkbox"/> Website
	<input type="checkbox"/> PSM News	<input type="checkbox"/> Yes Tv	<input type="checkbox"/> Munnaaru Tv	<input type="checkbox"/> Dheenuge Adu
SERVICE REQUIRE:	<input type="text"/>			
OTHER DETAILS:	<input type="text"/>			
REQUESTED:	Date: <input type="text"/>	Time: <input type="text"/>	Duration: <input type="text"/>	Vanue: <input type="text"/>
Following informations are important when requesting air time from TVM				
OTHER SERVICE REQUIRED	<input type="checkbox"/> Video coverage	<input type="checkbox"/> PA sound	<input type="checkbox"/> Clean feed	<input type="checkbox"/> Fiber Link To: <input type="text"/>
CONTENT FORMAT	<input type="checkbox"/> Live	<input type="radio"/> Indoor	<input type="radio"/> Out door	<input type="checkbox"/> Pre-Recorded
		<input type="radio"/> Betacam	<input type="radio"/> DV	<input type="radio"/> DVD
Name or title of the event as it should be displayed on screen (in Dhivehi and English)				
ދިވެހި:	<input type="text"/>			
English:	<input type="text"/>			
We here by agree to abide by PSM's terms & conditions in obtaining the avove requested service.				
Name:	<input type="text"/>	Date:	<input type="text"/>	Company stamp: <input type="text"/>
Designation:	<input type="text"/>	Signature:	<input type="text"/>	

PSM's use only

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