

Service Authorization Form



About You

Mr Ms Mrs Dr Other

Full Name: Ooredoo Mobile Number:

Email address: Date of Birth:

Identity Number (ID/PP/WP): Contact Number:

Your Authorized Representative

Mr Ms Mrs Dr Other

Full Name: ID/PP/WP no.:

Email address: Date of Birth: [DDMMYY]

Contact Number:

Declaration

The information I have provided on this form is correct and I would like Ooredoo to make the changes I have indicated according to the attached Service Change Request Form. The following signature authorizes the above mentioned representative to visit an Ooredoo Experience Center/ Business Partner outlet on my behalf due to my current unavailability. I have read and accepted Ooredoo Maldives terms and conditions.

Signature:

Date:

Required Documents

- Service Change form
- My ID card Copy
- Authorized Representative's ID card Copy
- Ooredoo Application Form