



PSM

Announcement Application Form

Service No.

Customer Details:		Business 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"/>	

SERVICE REQUESTED

Announcement Details

	Date	TVM	ADU		Date	TVM	ADU
Day 01	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 08	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 02	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 09	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 03	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 10	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 04	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 11	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 05	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 12	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 06	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day 07	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day 14	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="text"/>						

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

Name: <input type="text"/>	Date: <input type="text"/>	Company stamp or ID card No.: <input type="text"/>
Designation: <input type="text"/>	Signature: <input type="text"/>	

PSM's use only

FINANCE:		SALES & MARKETING:				Data entered by: <input type="text"/>	
Received: <input type="text"/>	Name: <input type="text"/>	TVM	No. of characters: <input type="text"/>	Rate: <input type="text"/>	Nos.: <input type="text"/>		Amount: <input type="text"/>
Receipt No.: <input type="text"/>	Date: <input type="text"/>	ADU	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Signature: <input type="text"/>		Total		<input type="text"/>			<input type="text"/>
		GST 6%		<input type="text"/>			<input type="text"/>
		Grand Total		<input type="text"/>			<input type="text"/>