



National Centre for  
Information Technology

# eFaas INTEGRATION REQUEST FORM PRODUCTION ENVIRONMENT

For more information, please call 334-5050 or email [helndesk@ncit.gov.mv](mailto:helndesk@ncit.gov.mv)

## CUSTOMER INFORMATION

Type	Individual <input type="checkbox"/>	Business <input type="checkbox"/>
Name		
NIC No: / Reg No:		

## FOCAL POINT FOR BUSINESS ENTITIES

Name			
Contact No.	Fixed:	Mobile:	Fax:
E-mail Address			
Brief description of why interested in using the identity verification service			
Signature/ Stamp:			