



National Communications Authority



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SPECIAL NUMBERING RESOURCES (SNR) - APPLICATION

(Application should be submitted in triplet)

APPLICATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Application Cover | <input type="checkbox"/> Copy of National ID of the contact person |
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Authorisation from Regulatory Authority (eg. Bank SL) |
| <input type="checkbox"/> Business Registration Documents | <input type="checkbox"/> Copy of signed Agreement from telecommunications operator(s) [to be sent after approval] |

Legal Type:

Company

Government Agency

Specify Other Unit/Agency:

APPLICATION PROFILE

Entity Name

Office Address:

Phone Number:

Email Address:

Website:

Application Date: DD/MM/YY

Service Start Date: DD/MM/YY

Service End Date: DD/MM/YY

Business Registration Certificate Number:

INFORMATION ABOUT DIRECTOR/OWNER

Full Name:

Address:

Nationality:

Designation:

Passport Number/NIN:

Phone Number

Company Registration Number:

DETAILS OF MOBILE SERVICE OPERATORS/VALUE ADDED SERVICE PROVIDERS

Please indicate the Names of Mobile Network Operators/Value Added Service Providers:	
1.	
2.	
3.	
4.	

DETAILS OF SPECIAL NUMBERING RESOURCE REQUEST

a. Special Numbering Resource Type:

Toll Free Number Premium Rate Number Shared Cost Number Short Code

b. Special Numbering Resource Type:

SMS Other Data Application Specify Digital Length (3-5) _____

c. Resource Lease Period Required:

Six Months Twelve Months

d. The SNR shall be for:

Internal Network Use Only Across Network Use

e. SNR Requested:

I. Preferred SNR Requested.....

II. First Alternative SNR Requested:

III. Second Alternative SNR Requested.....

E. SPECIAL NUMBERING RESOURCE SERVICE DETAILS

a. Service Type: _____

b. Service Description: _____

F. BILLING INFORMATION

Type of Billing (check one only):

Premium Billing Standard Billing Shared Billing Toll Free Billing

DECLARATION

UNDERTAKING (False declaration is liable to stiff legal/financial penalties)

I/We hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Authorization. I/We shall abide by the terms and conditions upon which the Authorization is granted. I/We accept that my/our application may be revoked and the appropriate penalty applied if it is established that I/We have been granted Authorization based on incorrect

Applicant Full Name: _____

Signature: _____ Date: _____

Certified Passport Photographs (3 copies) of authorised representative & Company Seal.

FOR OFFICIAL USE ONLY

To be Filled by NatCA officials

Application Number:

Application Status: Approved Rejected

Allocated Special Numbering Resources:

Remarks:.....
.....
.....

Reviewed by Regulatory Administration Dept

Approved by Director General

Signature: _____

Signature: _____

Date: _____

Date: _____