



## SPECIAL NUMBERING RESOURCES (\$NR) – APPLICATION FORM

- Application Cover Letter
- Completed Application Form
- Business Registration Documents
- Copy of any recognized valid National ID of the contact person
- Authorization from Regulatory Authority (e.g., Bank of Sierra Leone)
- Copy of signed Agreement from telecommunications operator(s) [to be sent after approval]

### A. DETAILS OF APPLICANT

<b>a. Name of Company:</b>	
<b>b. Legal Type:</b> Company <input type="checkbox"/> Government <input type="checkbox"/> Agency <input type="checkbox"/> Specify Other Unit/Agency:	
<b>c. Business Registration Certificate Number:</b>	
<b>d. Physical Address:</b>	
<b>e. Email:</b>	<b>Website:</b>
<b>f. Tel:</b>	<b>Mobile:</b>

### B. CONTACT PERSON

<b>a. First Name:</b>		<b>Last Name:</b>	
<b>b. Identification Document:</b>			
<b>c. Identification Document No:</b>			
<b>d. Physical Address:</b>			
<b>e. Tel:</b>		<b>Email:</b>	
<b>f. Position in Organization:</b>			
<b>g. Name of Organization:</b>			

### C. DETAILS OF MOBILE SERVICE OPERATORS/VALUE ADDED SERVICE PROVIDERS

a. Please indicate the Names of Mobile Network Operators/Value Added Service Providers:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

### D. DETAILS OF SPECIAL NUMBERING RESOURCE REQUEST

a. Special Numbering Resource Type:

Toll Free Number  Premium Rate Number  Shared Cost Number  Short Code

b. For Short Code Application Services (check all that apply):

SMS  USSD  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 Period: From / / To: / /

c. Service Description:

### F. BILLING INFORMATION

a. Type of Billing (check one only):

Premium Billing  Standard Billing  Shared Billing  Toll Free Billing

## G. UNDERTAKING

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 information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## H. FOR OFFICIAL USE ONLY

Application Number: \_\_\_\_\_

Application Status:

Approved

Rejected

Allocated Special Numbering Resources: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Reviewed by Regulatory Administration Dept.**

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by Director General**

\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_