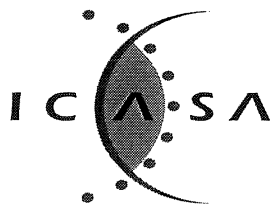


NOTICE 651 OF 2015



APPLICATION FORM FOR TELECOMMUNICATION NUMBERS\CODES

Office use only	
Application ref No	
Application for Allocation, Assignment & Reservation of Codes or Blocks of Numbers	Date

1. Application Type:

e.g 080, Geographic, 086, Mobile. Do not mix types on this application

Application for:	Allocati <input type="checkbox"/>	Assign <input type="checkbox"/> ment	Re <input type="checkbox"/> ervation
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2 Applicant's Information

Company Name	
Company Reg. No.	
License No.	
Tel	
Web Site	
Internal Numbering Representative	
Name and Surname	
Contact No	
Fax	
Email	
External Numbering Representative (In case of an applicant's using an external adviser e.g. consultant)	
Company Name	
Name and Surname	

Contact No	
Fax	
Email	
Business Address	
Street Address	
Suburb	
Postal Code	
City	
Postal Address	
P.O. Box	
Suburb	
Postal code	

3 Technical Information

Numbering code, block, individual number requested

(Where appropriate second and third preferences should be indicated. (NB: allocation of preferred requested numbering is not guaranteed))

1	
2	
3	
4	
5	
6	

Description of service

(For Individual number requests i.e 086 xxx xxxx include the name of the business requesting the number)

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4 Previous Allocations (Relevant to this application)

Data date: (if date differs from the date of application)			
	Service Description of Numbers	Quantity (Allocated)	Quantity (Active)
A	Allocated by The Authority		
B	Internal Network Services		
C	Contract Services		
D	Pre-Paid Services		
E	Total used for services/network		

	(B+C+D)		
F	Degree of usage $((E/A)*100)$		
Numbers in Time Window Lock (i.e. numbers in recycling)			
Numbers Reserved			

4.1 Report on utilization for the past 6 months

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Actual numbers activated						
Actual numbers churned						

I declare that all the information in this Application Form and any the attachments provided are true and correct. I understand that the approval from ICASA for this Application is based on the information as declared in this Application Form. Should any of the information declared, found to be inaccurate or incorrect after approval has been granted to the Applicant, ICASA reserves the right to suspend or revoke such approval without compensation. I declare that the numbers will be used in accordance with the numbering conventions.

Name:

Date:

Signature:

Note:

Reservations will lapse after **six months** unless covered by an application for an allocation or a further period of reservation.