

Application Form for Electronic Communication Numbers or Codes

Application for allocation, assignments & reservation of Codes or Blocks of Numbers
,
1. Application type:e.g. Geographic, mobile, fixed
Application For: Allocation Assignment Reservation
2. Applicant's Information
Company name
Company Reg. No
Licence No
Tel
Website
Internal Numbering Representative
Name and Surname
Contact No.
Fax
Email

External numbering representative (in case of applicant's using external adviser e.g consultant)

Company Name						
Name and Surname						
Contact No.						
Fax						
Email						
Business address						
Physical address						
Postal address						
3. Technical information						
	dual number requested (Where appropriate second and licated N.B allocation of preferred requested)					
1						
2						
3						
4						
5						
6						
Description of Service (For ind of the business requesting the r	ividual number requests i.e. 7x xxx xxx include the name number)					
4. Previous allocations (relevant to this application)						

Data date:(if differs							
From date of							
application)							
	Service Description of				Quantity	_	uantity
	numbers				(allocated)		ctive)
A	Allocated by the Commission						
В	Internal network services						
С	Co	Contract services					
D	Pre-paid services						
Е	Total used for service/network						
	B+C+D						
F	Degree of Usage						
Numbers in Time Window	w lo	ck (i.e. in r	ecycling)			,	
Numbers Reserved							
4.1 Report on utilization	1 for	the past 6	months				
		Month 1	Month2	Month?	3 Month	Month 5	Month 6
Actual numbers activated	-						
Actual numbers churned							
I declare that all the infor							
provided are true and corn							
Application is based on the information declared,							-
to the Applicant, SCCOM							-
compensation. I declare the	hat t	he numbers	s will be us	ed in ac	cordance wi	th the num	bering
regulations.							
Name:							
Date:							
Signature:							