



SPECIAL NUMBERING RESOURCES (SNR) - APPLICATION FORM

APPLICATION CHECKLIST

- Application Cover Letter
- Completed Application Form
- Business Registration Documents
- Copy of any recognized valid National ID of the contact person
- Authorisation 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

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

B. CONTACT PERSON

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

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: _____

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: _____