

**TANZANIA COMMUNICATIONS REGULATORY AUTHORITY**



**APPLICATION FOR MOBILE NETWORK "SIM HEADER"  
ASSIGNMENT/RESERVATION FROM THE NATIONAL NUMBERING PLAN**

1. Application Form Fee Receipt No. .... dated ...../...../.....
2. Name of Applicant .....  
Postal Address .....  
Telephone No. .... Telefax.....  
E-mail .....  
Service Licence Number .....
3. Preferred (if any) Mobile Network SIM Header(s) applied for  
Assignment/Reservations .....and/or  
.....
4. Purpose of the applied Mobile Network SIM Header(s)  
.....  
.....  
.....
5. Date by which the Assignment/Reservation is to be effected .....
6. Planned date for the service to be operational using the applied Mobile Network  
SIM Header(s).....

7. Status of the existing Assignments (Indicate which Mobile Network SIM Header(s) is/are in use), if any:

(i)..... (ii).....

8. Any other information that you consider appropriate to support your applications:

.....  
.....  
.....

9. **DECLARATION**

I (name) ..... Title .....

Hereby declare that the applied Mobile Network SIM Header(s) will be used in accordance with the rules and framework of the National Numbering System.

Signature ..... Date .....

Place .....



**Note:** The fully completed application form to be returned to:

Director General,  
Tanzania Communications regulatory Authority,  
P.O. Box 474

**DAR ES SALAAM.**

Email : [dg@tcra.go.tz](mailto:dg@tcra.go.tz)

**FOR OFFICIAL USE ONLY**

**10. EVALUATING OFFICER'S COMMENTS**

I have evaluated the application and find that the information given is relevant/not relevant and therefore Recommend/do not recommend for assignment/reservation of the requested SIM Header(s) as:

.....and.....

Name .....

Title .....

Signature ..... Date .....

**11. APPROVING OFFICER'S COMMENTS**

The information on this form has been scrutinized and found complying/not complying with the rules and framework of the National Numbering System.

Therefore, approval for assignment/reservation of the recommended Mobile Network SIM Header(s) ..... and ..... is granted/not granted.

Name .....

Rank .....

Signature ..... Date .....

**12. TO: ACCOUNTS (For Successful Applicants Only)**

Please invoice the Applicants a total sum of Tshs./US\$ .....

.....

being fee payable in respect of the assigned/reserved Mobile Network SIM Header(s).....and.....

Signature ..... Title .....Date.....