

TANZANIA COMMUNICATIONS REGULATORY AUTHORITY



**APPLICATION FOR OTHER SERVICES ACCESS CODES/NUMBERS
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. Tick applicable special services access codes/Numbers applied:
 - 3.1 Short Codes
 - 3.2 Network Identification Node Codes
 - 3.3 Carrier and Pre-selection Codes
 - 3.4 Special, Premium Rate and/or Multimedia Services Codes/Numbers
 - 3.5 Others
4. Preferred (if any) Code(s) applied for
Assignment/Reservations.....and
.....
5. Purpose of the applied Code(s).....
.....
.....

- 6. Provide a forecast on yearly basis on expected utilization of the applied resources (use separate sheet).
- 7. Date by which the Assignment/Reservation is to be effected
- 8. Planned date for the service to be operational using the applied Code(s)
.....
- 9. Status of the existing Assignment and End-User utilizations:
Indicate which Code(s) is/are in use:
(i)..... (ii).....
- 10. Any other information that you consider appropriate to support your applications:
.....
.....
.....
.....

11. **DECLARATION**

I (name) Title

Hereby declare that the applied Code(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.

E-mail : dg@tcra.go.tz

FOR OFFICIAL USE ONLY

12. 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 Code(s).

.....
.....

Name
Title
Signature Date

13. 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 Code(s) and is granted/not granted.

14. TO: ACCOUNTS (For Successful Applicants Only)

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

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being fee payable in respect of the assigned/reserved
Code(s).....and

SignatureTitleDate.....