

TANZANIA COMMUNICATIONS REGULATORY AUTHORITY



APPLICATION FOR SIGNALLING POINT CODES 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. Details concerning exchanges where the applied SPC(s) would be used:

S/No	EXCHANGE NAME	HIERARCHY LEVEL IN YOUR NETWORK	SPECIFIC LOCATION	ADMINISTRATIVE REGION
1				
2				
3				

4. Preferred (if any) SPC(s) and/or.....
5. Purpose of the applied SPC(s).....
.....
.....
6. Date by which the Assignment/Reservation is to be effected.....

7. Planned date for the service to be operational using the applied SPC(s):

8. Status of the existing SPC(s) indicating;
- (i) Which SPC(s) is/are in use:.....
 - (ii) Reserved SPC(s) and your plan for it:.....
9. Which services are provided using your network?
- (i)
 - (ii)
10. Which networks/operators are you directly interconnected with, and using what kind of interface?
- (i) (ii)
 - (iii) (iv).....

11. DECLARATION

I (name) Title

Hereby declare that the applied SPC(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

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 SPC(s) as:

..... and

Name

Title

Signature Date

13. APPROVING OFFICER'S COMMENTS

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

Therefore, approval for assignment/reservation of the requested SPC(s)

..... and is granted/not granted.

Name

Title

Signature Date

14. 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 SPC(s) No.

and

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