

Application form for allocation of new numbers/number blocks

Application Date _____

COMPANY NAME	Company Reg. No. _____
Address and Contact Details	Contact Person Postal Address telephone: fax: e-mail:
Description of intended use	
Preferred numbering block or code and alternatives	
Proposed terminating rate for incoming calls/text if applicable	
The name of the operator the applicant plans to have direct interconnection with to transit calls to and/or from other operators if applicable.	
Additional Remarks; (including the special request to extend the publishing of the allocation table and the start of service date if applicable.) ¹	

Signed: _____

¹ Requests to extend the date of publishing and start of service date shall be considered by the MCA on a case by case basis.