LESOTHO COMMUNICATIONS AUTHORITY

Application Form for Numbering Resources   Form 021

Physical Address: 30 Princess Margaret Road, Old Europa, Maseru Tel.: + 266 22224300
Postal Address: LCA, P.O. Box 15896, Maseru 100.
E-mail: licensing@lca.org.ls

Note: *This form shall be completed by a person who has been duly authorised to act as a representative of the Licensee[1]. Any information requested which does not fit in the form may be included in an appendix to this form. You are advised to fill in* **__all the information__** *to avoid delays in the processing of your application.*

1.   PARTICULARS OF AN APPLICANT

1.1	Full Name of applicant	
1.2	Physical Address	
1.3	Postal Address	
1.4	Telephone Number	
1.6	e-mail	
1.7	State legal form of applicant e.g. company, trust, other	

(Please attach certified copy of company extracts, certificate of incorporation, constitution or founding and certified passport copy of the director/applicant)

1.8	If registered, office of registration	
1.9	Registration Number	
1.10	Date of registration	
1.11	Do you hold any other licence issued by the Authority?	
1.12	If yes, what type of licence?	
1.13	Licence Number and Date of issue	
1.14	Purpose for which the proposed communication is required	

2.   DETAILS OF AUTHORIZATION APPLIED FOR (REQUIRED 100000 BLOCK)

2.1	FIXED (2XXXXXXX)		MOBILE 5XXXXXXX/6XXXXXXX/OTHER	
2.1.2				
2.1.3				
2.1.4				
2.1.5				
2.1.6				
2.1.7				
2.1.8				
2.1.9				
2.10				

3. ACKNOWLEDGEMENT

3.1 The applicant acknowledges the statements in this form and accompanying documents are true and correct.

Signature _____Date_____

Full names of signatory _____

---

[1] Attach certified ID/passport copy of the Director or authorized representative of the licensee.

For Office Use Only

ALLOCATED NUMBERS

REQUIRED BLOCK	ALLOCATED BLOCK

Name of allocating official:………………………………Signature:……………………Date:…………………