



**Application for NATIONAL NUMBERING PLAN
(FORM STDS/02)**

IMPORTANT INFORMATION

(Application to be submitted in duplicate)

The following documents are to be submitted along with this Application Form.

1. Photocopy of receipt for the purchase of Application Form OR one thousand Naira (₦1,000.00) bank draft only made payable to the Nigerian Communications Commission for Application Form downloaded from NCC website.
2. Evidence of both Type Approval of Equipment and Site Approval.
3. Five years forecast plan for the required numbering plan.
4. Utilisation plan of previously allocated number range. (Any service provider applying for number range expansion must supply this.)

SECTION 1: APPLICANT DATA

1A. Name of Company:

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1B. Address:

Telephone No.	
Fax No.	
Email	

1B1. Correspondence (If different from above)

Mailing	
Telephone No.	
Fax No.	
E-mail	

1C. Name of Company's Representative (in full)

Title	
Surname	
First Name	
Middle Name	

1D. Type of Service for which Numbering is required

Service	
Coverage Area	

1E. Operating Licence

For 1D. above.	
Others (Please include license Nos.)	

1F. Do you presently hold any Numbering Allocation in respect of the licence(s) stated in 1E above?

Yes No

If yes please give details.

S/N	Numbering Range	Area Code	Actual Number Series	Exact Location

Have you met all financial requirements for use of Numbering? Yes No

1G. State all the telecomms companies you are already interconnected with, indicate points of interconnection, and dates.

S/N	Name of Company	Points of Interconnection	Date

Please attach the interconnectivity agreements.

2C. How many existing telecommunications companies do you intend to get interconnected with for the new services (give names where applicable).

2D. Have you reached an agreement on interconnectivity with any of these companies?

Yes No

If yes, attach the agreement document(s).

2E. Equipment Type

Make/Manufacturer:

Date of manufacture:

Model:

Type:

Installed capacity:

Maximum Capacity:

(Additional information can be provided as attachment to this Application Form)

SECTION 3: FINANCIAL STATUS

(Please tick as appropriate)

		PAYMENTS		REMARKS	
3A	Licenses	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3A1	Renewal	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3B	Frequencies	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3B1	Renewal	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3C	Equipment Approval	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3D	Site Approval	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3E	Area code	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3E1	Renewal	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3F	Numbers	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----
3F1	Renewal	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	-----

SECTION 4: UNDERTAKING

I/We ----- hereby certify that the information supplied in this Application Form is true in all respects and I/We hereby give undertaking that upon assignment of number, I/We shall abide by the terms and conditions upon which the Number Authorization/Allocation is granted. I/We accept that my/our Number Authorization may be revoked and appropriate penalty applied if it is found that I/We have been granted Number Authorization/Allocation based on incorrect information furnished to the Commission in this form or during implementation.

Signature:

Date:

NB: THIS APPLICATION FORM IS SUBJECT TO CHANGE FROM TIME TO TIME.

FOR OFFICIAL USE ONLY

1. Date Application Submitted Day Month Year

2. Eligibility for Number Allocation Yes No

3. Number Range Allocated

4. Date of Notification of Offer Day Month Year

5. Payment of Number Range Allocated Yes No

6. Receipt No.

Date: Day Month Year

7. Operating Licence/Frequency No

Validity period(s)

8. Is operator a debtor to NCC Yes No

9. Is operator in good standing with NCC Yes No