



**NATIONAL COMMUNICATIONS AUTHORITY  
(NCA), GHANA**

**APPLICATION FOR SPECIAL  
NUMBERING RESOURCE**

**NCA FORM AP19**

Payment Receipt No:

*(Please attach Receipt)*

Date:

*(Submission Date)*

Application Checklist. Tick (x) in box

- A completed application form
- Cover Letter
- Business Plan
- A Non-Refundable Application Fee
- Company Registration Documents
- Any other Supporting Documents – Please list

# Application for Special Numbering Resources (SNR)

*Before completing this form, please ensure that you have read and understood the guidelines. Comply with all the requirements listed for the application of this service. A copy of the guidelines may be found on our website: [www.nca.org.gh](http://www.nca.org.gh)*

## A. DETAILS OF LICENSEE

- a) Applicant's Name: \_\_\_\_\_
- b) Legal Type:  
Company  Government  Specify Unit/Agency: \_\_\_\_\_  
\_\_\_\_\_  
Non-Government  Other: \_\_\_\_\_
- c) Business Registration Certificate Number (for company): \_\_\_\_\_
- d) Physical Address:  
Region: \_\_\_\_\_ District: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Street No: \_\_\_\_\_  
Plot No: \_\_\_\_\_ Digital Address: \_\_\_\_\_
- e) Post Office Box: \_\_\_\_\_ Post Office Box Town: \_\_\_\_\_
- f) E-mail: \_\_\_\_\_ Website: \_\_\_\_\_
- g) Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

## B. CONTACT PERSON'S DETAILS

- a) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
- b) Identification Document: \_\_\_\_\_
- c) Identification Document No: \_\_\_\_\_
- d) Physical Address: \_\_\_\_\_
- e) Post Office Box: \_\_\_\_\_
- f) E-mail: \_\_\_\_\_
- g) Tel: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: [REDACTED]

h) Position in Organization: [REDACTED]

**C. DETAILS OF NETWORK PROVIDER**

a) Please indicate the name (s) of Network Provider (s)/ Value Added Service Provider

- 1. [REDACTED]
- 2. [REDACTED]
- 3. [REDACTED]
- 4. [REDACTED]
- 5. [REDACTED]
- 6. [REDACTED]

**D. SPECIAL NUMBERING RESOURCE REQUEST DETAILS**

a) Special Numbering Resource Type:

Toll Free Number  Premium Rate Number   
Shared Cost Number  Short Code

b) For Short Code Application Services (Check All That Applies)

SMS  USSD  Other Data Applications

Specify Digit Length (3-6): [REDACTED]

c) For Non-Short Code Application Services (Check All That Applies)

SMS  USSD  VOICE  Other Data Applications

(Please Specify): [REDACTED]

d) Resource Lease Period Required

Six Months  Twelve Months

e) Short Code Requested

i. Preferred SNR Requested: [REDACTED]

ii. First Alternative SNR Requested: [REDACTED]

iii. Second Alternative SNR Requested: [REDACTED]

**E. SPECIAL NUMBERING RESOURCE PROGRAM DETAILS**

a) Program Name:

b) Program Period:

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
DD MM YY DD MM YY

c) Program Description:

**F. BILLING INFORMATION**

Type of Billing (*Check One Only*)

Premium Billing  Standard Billing  Shared Billing  Toll Free Billing

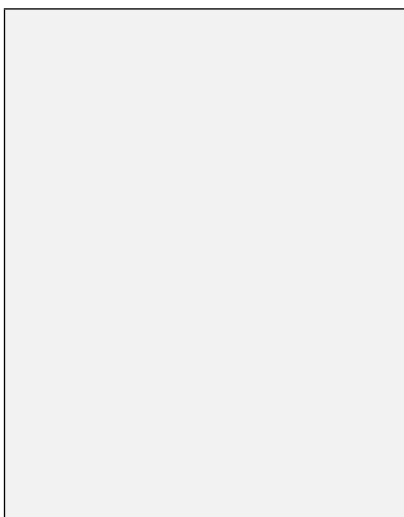
**G. UNDERTAKING**

I/We \_\_\_\_\_  
\_ by appending my/our name and signature to this form on this day \_\_\_ of \_\_\_\_\_, 20\_\_\_\_, agree to the terms and conditions and pledge to abide by any rules that may emerge in future concerning the use of special numbering resource. I/We also agree that the Authority is not bound to allocate the preferred or requested special numbering resource. The Authority may allocate a different special numbering resource other than the requested resource. The Authority is not bound to honor the application. The Authority may withdraw the allocated short code if the services for which the short code is being used for is different from that which was stated on the application form or proposed. The Authority may withdraw the allocated resource if it is needed by the state or services which are being used for is perceived to be a threat to the security of the state, contravenes the laws of the state, or the numbering resource guidelines even though the services may have been approved by the Authority. I/We have also read and understood the special numbering resources administrative framework & guidelines.

Name

Signature

Date



*Please attach 3 Certified copies of Passport Photographs of authorised representative with Company Sea*

