

TANZANIA COMMUNICATIONS REGULATORY AUTHORITY

ISO 9001:2015 CERTIFIED



**APPLICATION FOR MOBILE NETWORK "SIM HEADER"
ASSIGNMENT/RESERVATION**

1. Application Form Fee Receipt No. dated/...../.....

2. Name of Applicant

- Physical Address:

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- Postal Address

- Telephone No.

- E-mail

- TCRA Service Licence Number

3. Preferred (if any) Mobile Network SIM Header applied for
Assignment/Reservationand/or
.....

4. Purpose of the applied Mobile Network SIM Header
.....
.....
.....

5. Date by which the Assignment/Reservation is to be effected

6. Planned date for the service to be operational using the applied Mobile Network SIM
Header.....

7. Status of the existing Assignments (Indicate which Mobile Network SIM Header(s) is/are in use), if any (*use separate sheet where necessary*):

(i)..... (ii).....

8. Any other information that you consider appropriate to support your application:

.....
.....
.....

9. **DECLARATION**

I (name) Title

Hereby declare that the applied Mobile Network SIM Header 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,
14414 DAR ES SALAAM.

Email: dq@tcra.go.tz