

TANZANIA COMMUNICATIONS REGULATORY AUTHORITY

ISO 9001:2015 CERTIFIED



**APPLICATION FOR DATA NETWORK IDENTIFICATION CODE (DNIC)
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) Data Network Identification Code applied for Assignment/Reservation
.....and/or.....
4. Purpose of the applied Data Network Identification Code:
.....
.....
.....
5. Date by which the Assignment/Reservation is to be effected
6. Planned date for the service to be operational using the applied Data Network
Identification Code.....

7. Status of the existing Assignments (Indicate which Data Network Identification Code(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 Data Network Identification Code 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