



APPLICATION FORM FOR NUMBERING

1. Applicant Contact Details

Name of Licensee: _____

Postal Address: _____ City/Town _____ Postal Code _____

1.1. Physical Address

City/Town: _____

Street: _____

Building Name and/or
Number: _____

Floor: _____

1.2. Details of Contact Person (s) Handling Numbering Resource

Names of Contact person: _____

Fixed Line: _____ Mobile: _____

Fax: _____ Email: _____

2. Licensee Details

Name of Licence: _____

Licence Number: _____

3. Numbering Resource Details

3.1. Capacity of Numbering resource(s) applied: _____

3.2. Type of service(s) planned :

3.3. Target market and service area: _____

3.4. Duration of usage of the resource: _____

3.5. Planned activation date: _____

Attachments

Please attach the following documents with this application form where applicable:

DOCUMENT	For Official Use Only CCK REMARKS
3.6. A general tariff guide for the various services to be delivered on the numbering resource (s).	
3.7. Authorization letters or Applicable licenses from other government offices or agencies, where applicable (e.g. CBK, BCLB etc).	
3.8. For new applications within the service category, a comprehensive network topology indicating points of interconnection with Network Facility Provider equipment and other licensees as applicable to your service. (The Commission may choose to inspect the network facility to appreciate and also ensure compliance to requirements like Type Approval, Spectrum etc.	
3.9. Framework for protection of minors, complaints resolution handling and client exit from the service, where applicable.	

3.10. Existing numbering resource assignments and utilization within the requested service category, in the format below:

Assigned Numbers	Block of	Capacity	Numbers Utilized in the Block	For Official Use Only	
				% Utilization	CCK Remarks
1.					
2.					
3.					
4.					
5.					
Total					

(Please attach a separate sheet if the number blocks are more than 5)

4. Declaration

I hereby certify the information I have provided in this application is true and correct to the best of Knowledge. I also understand that it is an offence under the penal code to give false information in support of any application.

Name: _____

Signature: _____ Date: _____

Completed application forms should be returned to: -

Director/Licensing, Compliance & Standards

Communications Commission of Kenya

CCK Centre, Waiyaki Way

P. O. Box 14448 Nairobi 00800

FOR OFFICIAL USE ONLY

The applicant MEETS/ DOES NOT MEET the Commission's requirements and is hereby RECOMMENDED/NOT RECOMMENDED to be issued with the following Numbering resource (s):

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The reasons for not recommending the applicant for the numbering resource (s) are as follows:-

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.....

Name.....

Designation.....SignatureDate :.....