



Nigerian Communications Commission
APPLICATION FOR SHORT CODE
(FORM STDS/003)

NAME OF APPLICANT (COMPANY):

ADDRESS:

.....

VAS LICENSE NO:

DATE OF APPLICATION:

IMPORTANT INFORMATION

(Application to be submitted in duplicate)

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

1. Photocopy of the applicant's Value Added Service (VAS) license/Offer Letter & Receipt of Payment issued by the Commission or CBN License for Mobile Payment Operators MPO's.
2. Comprehensive List of Telecommunication Equipment associated with the service (Names, Model and Manufacturer) together with an evidence of Type Approval from the Commission.
3. Network Architecture (showing how you intend to Connect with the Network Operators).
4. Utilisation plan of previously allocated short code range if any (Any service provider applying for short code range expansion must supply this information)
5. Evidence of payment of **N 1,000** for Application form and **N 10,000** processing fee payable in Bank Draft in favor of the Nigerian Communications Commission
6. Any other Additional Documents (MOU E.T.C)

SECTION 1: APPLICATION DATA

1A. Applicant Name

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1B. Address:

Telephone No.	
Fax No.	
Email	

1B1. Correspondence (If different from above)

Mailing	
Telephone No.	
Fax No.	
Email	

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

Title	
Surname	
First Name	
Middle Name	

1D. Operating License No:

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1E. Do you presently hold any Short Code Allocation in respect of the license(s) stated in **1D** above?

Yes

No

If yes please give details.

S/N	Short Codes	Date of Allocation	Purpose/Services (Usage)	Bearer (SMS/IVR/ USSD, etc.)	Tariff
1					
2					
3					
4					
5					

1F. List all the telecoms companies already interconnected with or providing value added services on their networks indicating points of interconnection, and dates.

S/N	Name of Company	Point of Interconnect	Date
1			
2			
3			
4			
5			
7			

Please attach the interconnectivity agreements.

SECTION 2: EQUIPMENT/NETWORK INFORMATION

2A. List proposed Short Code (S) in the following format:

S/N	Short Codes	Purpose/Services (Usage)	Bearer (SMS/IVR/USSD, etc.)	Proposed Tariff Plan
1				
2				
3				
4				
5				

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

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

Yes No

If yes, attach the agreement document(s).

2D. List proposed Equipment in the following format:

SN	Type	Model	Manufacturer
1			
2			
3			
4			

NB. You will be required to Type Approve all non-Type Approve proposed Telecom Equipment

SECTION 3: FINANCIAL STATUS

(Please tick as appropriate)

		PAYMENTS		REMARKS
3A. Licenses	Full	<input type="checkbox"/>	Part <input type="checkbox"/>	_____
3B. Equipment Approval	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, conditions and guidelines upon which the Short Code Authorization/Allocation is granted. I/We agreed by this undertaking not to partake in the use of the short code for unsolicited SMS telemarketing. I/We accept that my/our Short Code Authorization may be revoked and appropriate penalty applied if it is found that I/We have been granted Short Code Authorization/Allocation based on incorrect information furnished to the Commission in this form or during implementation.

Attach two passport sized photograph each of the two authorized representatives of the company and company seal



Name..... Name.....

Designation..... Designation.....

Signature.....Signature.....

Date.....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 Short Code Allocation Yes No

3. Short Code Range Allocated

S/N	Short Codes	Services (purpose/usage)
1		
2		
3		
4		
5		

4. Operating Licence

Validity period(s)

Treated by:**Date**.....

Endorsed by (HFNCS) **Date**

Approved by (DTS) **Date**