

**APPLICATION FOR ALLOCATION OF SHORT CODES**

1. **Applicant's name (Company name - attach copies of legal registration/identification documents)**

.....

2. **Postal address**

.....

.....

3. **Facsimile number**

.....

4. **Name of contact person**

.....

5. **Telephone number of contact person**

.....

6. **Email of contact person**

.....

7. **The short code(s) requested for**

.....

8. **A description of the service/application for which code(s) is/are requested indicating step-by-step the movement of the message/communications from origin to termination. (a separate sheet may be used and attached to the form)**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**9. On which network(s) shall the service/application be accessible or available? If the network(s) over which the service/application is to be accessed is/are not provided or owned directly by the applicant, explanation of the functional relationship to the actual network provider(s) should be provided.**

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

**10. The date when the applicant plans to start the provision of the service for which the code(s) is/are requested and the expected termination date**

.....  
.....

**11. The intended end user profiles and the proposed rates applicable to the service associated with the codes applied for**

.....  
.....

**12. How does a user opt in (subscribe) and opt out (unsubscribe or quit using the service)?**

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

**13. Describe how a user of the service/application gets help/support and how they will learn of the support**

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