



Federal Republic of Somalia  
**NATIONAL COMMUNICATIONS AUTHORITY**

**SPECIAL ASSIGNMENT FOR SHORT CODE(S)  
 APPLICATION FORM**

<b>1. APPLICANTS' INFORMATION</b>	
Company Name	
Address	
Contact Person	Tel: Email:
Date of Application	
Details of License (Please Tick where applicable)	CIP                      ASP                      CISP
<b>2. Short Code Information</b>	
Service Name:	
Description of Service (Please include attachment if necessary)	
Requirement Date:	
Preferred Code:	1 <sup>st</sup> Code
	2 <sup>nd</sup> Code
	3 <sup>rd</sup> Code

Usage of Short Code	Network Operator	User
<b>3. APPLICANTS' CERTIFICATION</b>		
I/ We certify that the information in this application are complete and correct to the best of my knowledge and the number issued will be used only for the purposes authorized by the National Communications Authority (NCA)		
Signature	Date:	
Name		
Stamp		
<b>FOR NCA USE ONLY</b>		
Recommendation	Approved	Not Approved
Date of received		
Stamp		