

**LESOTHO COMMUNICATIONS AUTHORITY****Emergency Numbers Form****Form 26**

Physical Address: 30 Princess Margaret Road, Old Europa, Maseru Tel.: + 266 22224300

Postal Address: LCA, P.O. Box 15896, Maseru 100.

E-mail: licensing@lca.org.ls

Note: This form shall be completed by a person who has been duly authorised in writing to act as a representative of the Licensee¹. Any information requested which does not fit in the form may be included in an appendix to this form. You are advised to fill in **all the information** to avoid delays in the processing of your application.

1. PARTICULARS OF AN APPLICANT

1.1	Full Name of applicant	
1.2	Physical Address	
1.3	Postal Address	
1.4	Telephone Number	
1.6	e-mail	
1.7	State legal form of applicant e.g. company, trust, other	

(Please attach certified copy of company extracts, certificate of incorporation, constitution or founding document and certified passport copy of the director/applicant)

1.8	If registered, office of registration	
1.9	Registration Number	
1.10	Date of registration	
1.11	Do you hold any other licence issued by the Authority?	
1.12	If yes, what type of licence?	
1.13	Licence Number and Date of issue	
1.14	Purpose for which the proposed communication is required	

2. DETAILS OF AUTHORIZATION APPLIED FOR (Services to be offered and corresponding number)

2.1	SERVICES TO BE PROVIDED	REQUESTED EMERGENCY NUMBERS
2.1.1		
2.1.2		
2.1.3		
2.1.4		

3. ACKNOWLEDGEMENT

3.1 The applicant acknowledges the statements in this form and accompanying documents are true and correct.

Signature _____ Date _____

Full names of signatory _____

¹ Attach certified ID/passport copy of the Director or authorized representative of the licensee.

For Office Use Only

ALLOCATED SERVICE NUMBERS

TYPE OF SERVICE	ALLOCATED NUMBER

Name of allocating official:.....Signature:.....Date:.....