



LESOTHO COMMUNICATIONS AUTHORITY
APPLICATION FORM NETWORK INFRASTRUCTURE

Form 05

Physical Address: 30 Princess Margaret Road, Old Europa, Maseru Tel.: + 266 22224300/ 22326784

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	Abbreviated Name	
1.4	Physical Address	
1.5	Postal Address	
1.6	Telephone Number	
1.7	E-mail	
1.8	State legal form of applicant e.g. company, trust, other	

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

1.9	If registered, office of registration	
1.10	Registration Number	
1.11	Date of registration	

2. APPLICATION DETAILS

2.1	Purpose for which the proposed communication is required				
2.2	(Please provide full details and network diagram as an attachment)				
2.3	Is spectrum required ²	YES		NO	

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.

² If spectrum is required, please submit another application form for spectrum.