



# LESOTHO COMMUNICATIONS AUTHORITY

## APPLICATION FORM FOR NETWORK SERVICES

### FORM 02

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](mailto: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 Licensee<sup>1</sup>. 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	
1.3	Billing/Physical Address	
1.4	Postal Address	
1.5	Telephone Number	
1.6	e-mail	
1.7	State legal form of applicant e.g. company, trust, other	

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

1.8	If registered, office of registration	
1.9	Registration Number	
1.10	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 or numbering resource required <sup>2</sup>	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 \_\_\_\_\_

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

<sup>2</sup> Attach a separate request for spectrum or numbering resources if there is a requirement.