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|  | | | | LESOTHO COMMUNICATIONS AUTHORITY | | | | | |
| **APPLICATION FORM NETWORK INFRASTRUCTURE**  Physical Address: 30 Princess Margaret Road, Old Europa, Maseru Tel.: + 266 22224300/ 22326784  Postal Address: LCA, P.O. Box 15896, Maseru 100. Fax: + (266) 22326081/22310984  E-mail: [admin@lca.org.ls](mailto:admin@lta.org.ls) | | | | | | | | | |
| 1. Any information requested in this form may be contained in an appendix. 2. ***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 | | Contact Person | | |  | | | | |
| 1.4 | | Security Level | | | **1** | | | | |
| 1.5 | | Region | | | **25** | | | | |
| 1.6 | | Client Type | | | **O** | | | | |
| 1.7 | | Billing/Physical Address | | |  | | | | |
| 1.8 | | Postal Address | | |  | | | | |
| 1.9 | | Telephone Number | | |  | | | | |
| 1.10 | | Telefax | | |  | | | | |
| 1.11 | | e-mail | | |  | | | | |
| 1.12 | | State legal form of applicant e.g. company, trust, other | | | | | | |  |
| ***(Please attach a copy of memorandum of articles of association, constitution or founding document certified by two office-bearers of the body, certified passport copy of the director/applicant)*** | | | | | | | | | |
| 1.12 | | | If registered, office of registration | | | | |  | |
| 1.13 | | | Registration Number | | | |  | | |
| 1.10 | | | Date of registration | | | |  | | |
| 1. **COVERAGE & NETWORK DETAILS** | | | | | | | | | |
| 2.1 | Coverage (please attach a diagram to illustrate the area proposed for coverage) | | | | | | | | |
| 2.2 | Details of proposed network infrastructure (Please provide full details and network diagram as an attachment) | | | | | | | | |
| 2.3 | Please refer to application forms for spectrum if applicable | | | | | | | | |
| 1. **ACKNOWLEDGEMENT**   3.1 The applicant acknowledges the statements in this form and accompanying documents will be relied upon by the Authority, and confirms that to the knowledge and belief of the applicant all such statements are true and correct.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full names of signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |