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REQUEST FORM FOR NEW SHORT CODE NUMBERS					
Date:		Your Ref:			
	/				
Organisation Information			Contact Detail		
Name			Name		
Adduses			Title		
Address			Title		
			Signature		
			Email Address		Phone
the Regulator's auth  Number Range	orization.		· 		
Short Code	From	То	Max_Length	Start Da	te End Date
1					
2					
3					
4					
5					
6					
7 8					
9					
3					
Description:					

Note: The applicant shall manage the assigned numbers in accordance with the Telecom Act 2005 Section 61 (6).