

## **SHORT CODE APPLICATION FORM**

## **REQUIREMENTS FOR SHORT CODE APPLICATION**

- 1. Application letter explaining the purpose of Short Code
- 2. Bank Slip of 25,000 Rwf (to be paid to RURA Account 130.105.4.998 in COGEBANK
- 3. A copy of instrument of incorporation in the Republic of Rwanda (for Companies, NGOs, Cooperatives and Association)
- 4. Dully filled application form

## 1. APPLICANT'S IDENTIFICATION

a)	Applicant's Name:			
b)	Legal Type: Company Government NGO Other:			
c)	Business Registration Certificate Number (for company)			
d)	Physical Address: Province: District:			
e)	Sector:; PO Box; E-mail:			
f)	Website:; Tel:			
g)	Cell Phone: Fax:			
2. CONTACT PERSON				
a)	First Name:			
b)	Last Name:			
c)	National ID/Passport No:			



d)	Physical Address:	
	Province:Distr	rict:Sector:
e)	P.O Box	
f)	Job description:	
g)	E-mail:	Tel:
h)	Call Phone:	Fax
11)	Cell Pilotie.	rdx
3 CH	ORT CODE INFORMATION	
		SMS USSD (Unstructured Supplementary Service Data)
-	-	preference): 1 2 3
-,	(	
4. PR	OGRAM INFORMATION	
	Program Name:	
	Program Period: Permanent	
,	<b>=</b>	From:/ To:/
c)	Program Type: Subscription	Interactive media  Voting
	General use	Information Services Alerts
	Mohile marketi	ing other:
	Woodle markets	
۲)	Provide a detailed description of	of the program
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P.O Box: 7289 Kigali-Rwanda Telephone: +250 252 58 45 62 E-mail: <u>info@rura.rw</u> Website: <u>www.rura.rw</u>



## **5. BILLING SYSTEM**

a) Billing model:	☐ Toll Free (free for the caller)			
	Standard pricing			
	Premium			
Date:				
Names and Signature:				

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