



Please address all correspondence to the Regulator Private Bag, Apia, Samoa +685 30282 +685 30287

admin@regulator.gov.ws

REPORTING	FORM FOR	USAGE O	F NUMBI	ERS			
Date:	′ /		Your Ref:				
Organisation Information			Contact Detail				
Name			Name				
Address			Title				
			Signature				
				ess	Phone		
indicate the preferr	eu category reqt	ineu ior iandi	me systems.				
Fixed (Landline)	From	То	Zone	e N	lax Length		
2					<u> </u>		
3							
4							
5							
6							
Description:							

The Service provider is required to indicate the preferred category required for Mobile and Fixed Mobile Services.

Mobile	From		To		Max Length
7					
8					
9					
Fixed (Mobile)	From	То	Zd	one	Max_Length

6		
8		

The Telecom provider needs to complete the following table for any special service numbers requiring a toll-free number.

Toll Free Number	From	То	Max_Length
800			
Description:			

The Telecom provider shall provide in the table below any form of short code. The short code numbers will not be authorized for supplementary service numbers unless approval is granted by the Regulator.

Short Code	From	То	Max_Length
1			
2			
3			
4			
5			
6			
7			
8			
9			
Description:			

The Telecommunication provider is required to address any numbers/ranges that may no longer be required or patched on their Network.