

Jamhuuriyadda Somaliland

Wasaaradda Isgaadhsiinta  
iyo Teknooloojiyadda



Department of Telecom

Republic of Somaliland

Ministry of Communication  
and Technology

MoCT LC.CL.No./YR

Date: / /

### Application for Change of Name

01	Name of Licensee	
02	Type & Class of License	
03	Licensee registered physical address:	
04	Proposed Name	
05	Reasons for change of name	

#### Section IV: Declaration

I declare that the information given above is true to the best of my knowledge and I will be liable for any false information provided.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Telecom Dept.

Director General

Minister of Communications  
& Technology