Annex 3: PSTN New Services – Statement of Requirements (SoR)

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| 1 | Name of Operator providing Service |  |
| 2 | Name of Service – The service that will be access by the number range |  |
| 3 | Brief Description of Service |  |
| 4 | Number Range(s) – The number range that the Operator is requesting to be implemented in the KCOM network |  |
| 5 | Proposed sate of introduction – Ready for Service (FRS) Date |  |
| 6 | Geographic Coverage – Locations where the numbering range(s) are to be introduced |  |
| 7 | Is this a trial service? Duration of trial? |  |
| 8 | Retail charge information (if applicable) |  |
| 9 | Switch Connections – Switch Connections calls are to be routed to/from the requested party. (Please quote internetworking point codes and Operator’s Switch Connection serving the number range). Provide reference of existing routing plan (e.g. as per NNG xxx) or attach a proposed new routing plan as appropriate.  |  |
| 10 | Payments |  |
| Proposed Payment |  |
| **For Non NTS Services:-** |
| Does this payment meet no more than your reasonable costs of providing the service? (Please provide appropriate level of information to justify). |  |
| **For NTS Service:-** |
| Is this payment consistent with the Published Determination on NTS principles (Please provide appropriate level of information to justify).  |  |
| 11 | Operator Test Numbers – Test numbers accessed on the Operators Switch Connection to test the service during implementation of the order. |  |
| Test Numbers available |  |
| 12 | Other Information – (Please delete as appropriate) |  |
|  | Is access required from: |  |
|  | (a) Ordinary Lines (includes Residential, Business, Private Payphones, ISDN) |  |
|  | (b) MPF (Meter pulsing) |  |
|  | (c) Public Payphones |  |
|  | (d) Operator Controlled |  |
|  | (e) Chargecards |  |
| 13 | Is additional capacity required? |  |
| 14 | Are there any standards/technical implementations to the service you are proposing? If “Yes” please attach a note describing in detail. |  |