



APPLICATION FORM FOR CLASS LICENSE (Application to be submitted in triplicate)

SERVICE OPTION

Please tick service for which licence is sought. Complete and submit separate application for each selected service

- Equipment: Mobile Cellular Telephone
- HF/VHF/UHF Radio Equipment
- VSAT
- Public Payphone

- Cabling
- Telecentre / Cybercafé
- Application Service Provider
- Content Service Provider

APPLICATION PROFILE

Entity Name

Owner Name:

Office Address:

Phone Number:

Email Address:

Website:

Registration Number:

Application Date: DD/MM/YY

Service Start Date: DD/MM/YY

Service End Date: DD/MM/YY

CREDENTIALS OF CONTACT PERSON

Full Name:

Address:

Nationality:

Designation:

Passport Number/NIN:

Phone Number:

OWNERSHIP STRUCTURE

Name of Directors	Address	Nationality

Names of Shareholders holding 5% or more shares)	Address	Nationality

Executive Management	Address	Nationality

PROFILE OF TECHNICAL STAFF

*Please Attach Certificate of Incorporation, Certified True copy of Article & Memo of Association and Tax Clearance Certificate.

Provide full particulars of the company's experience and expertise, including those of its Partners, Suppliers, Contractors, and Providers of Technical support. (Applicable to Applicants for Sales/Installations only).

Qualifications:

Number of employees (Actual and/or Proposed)

DECLARATION

False declaration is liable to stiff legal/financial penalties

By signing this form, I confirm that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Licence, I/We shall abide by the terms and conditions upon which the Licence is granted. I/We accept that my/our Licence may be revoked and the appropriate penalty applied if it is established that I/We have been granted Licence based on incorrect information.

Applicant Full Name: _____

Signature: _____ Date: _____

Certified Passport Photographs (3 copies) of authorised representative & Company Seal.

