



# National Communications Authority



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## APPLICATION FOR TELECOMMUNICATIONS DEALERS/SERVICE PROVIDERS LICENCE

### APPLICATION PROFILE

|                    |                      |                              |                      |
|--------------------|----------------------|------------------------------|----------------------|
| Entity Name        | <input type="text"/> | Application Date: DD/MM/YY   | <input type="text"/> |
| Owner Name:        | <input type="text"/> | Service Start Date: DD/MM/YY | <input type="text"/> |
| Business Location: | <input type="text"/> | Service End Date: DD/MM/YY   | <input type="text"/> |
| Phone Number:      | <input type="text"/> |                              |                      |
| Email Address:     | <input type="text"/> |                              |                      |
| Website:           | <input type="text"/> |                              |                      |

### CREDENTIALS OF APPLICANT

|                      |                      |
|----------------------|----------------------|
| Full Name:           | <input type="text"/> |
| Address:             | <input type="text"/> |
| Nationality:         | <input type="text"/> |
| Designation:         | <input type="text"/> |
| Passport Number/NIN: | <input type="text"/> |
| Phone Number:        | <input type="text"/> |

### LICENSE DESCRIPTION

|   |  |
|---|--|
| <p><b>Applying as:(Tick as appropriate)</b></p> <p><input type="checkbox"/> Individual      <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Unincorporated      <input type="checkbox"/> Association Partnership</p> | <p><b>Purpose of application:</b><br/><b>(Tick the checkbox appropriately)</b></p> <p><input type="checkbox"/> Telecommunication Dealer</p> <p><input type="checkbox"/> Telecommunication Service Dealer</p> |
| <p><b>Type of Application: (Tick the checkbox appropriately)</b></p> <p><input type="checkbox"/> New Application      <input type="checkbox"/> Modify Existing License      <input type="checkbox"/> Renew License</p>                    |  |

## OWNERSHIP STRUCTURE

|                                      |   |  |                               |
|--------------------------------------|---|--|-------------------------------|
| <b>Type of Premises</b>              |   |  | Corporate Registration Number |
| <input type="checkbox"/> Office:     | <input type="checkbox"/> Rental Outlet: | <input type="checkbox"/> Other (Specify) |                               |
| <input type="checkbox"/> North-East: | <input type="checkbox"/> Show Room:     | .....                                    |                               |

## TECHNICAL PROFILE

(You may need to contact your suppliers to assist in completing this part of the form)

### Details of Prescribed Telecommunication Equipment

(Please use attachments if space provided is insufficient)

|                 |                                    |
|-----------------|------------------------------------|
| Supplier's Name | Supplier's Address (if applicable) |
|                 |                                    |

### Line Terminal Equipment

Type

Trade Name/Make

Model

|  |
|--|
|  |
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|  |
|--|

### Purpose of Individual Licence: (Tick the checkbox below)

For sale of prescribed equipment  For installation of communication

## PART C: DOCUMENTARY EVIDENCE

The applicant also must provide the following documents:

- Copies of certificate of incorporation or business registration certificate.
- Documentary evidence to demonstrate the financial capability of the company for the first 2 years of operation.
- Performance Bond or Bank Guarantee for payment of licence fees for the first two years of the licence

## DECLARATION

By signing this form, I confirm that the information provided is correct and complete to the best of my knowledge and belief. I declare that I am responsible for compliance with the license and control and supervision of the equipment which is the subject of the license and have due authority to make this declaration and sign this application

Applicant Full Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

