



National Communications Authority



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VSAT APPLICATION FORM

(General Instructions Natural persons or legal entities applying for an Individual License to deliver electronic communications services in line with the Licensing Regulations of 2020 should complete this Form.)

APPLICANT INFORMATION

Full Name:	<input type="text"/>	Application Date: DD/MM/YY	<input type="text"/>
Permanent Address:	<input type="text"/>	Service Start Date: DD/MM/YY	<input type="text"/>
Phone Number:	<input type="text"/>	Service End Date: DD/MM/YY	<input type="text"/>
Official Email:	<input type="text"/>		
Official Website:	<input type="text"/>		

PROPOSED SERVICES

please tick all applicable services intended

Public Switched Fixed Line Telephone Services	<input type="checkbox"/>	Public Fixed Wireless Broadband Internet Services	<input type="checkbox"/>
Public Cellular Mobile Telephone Services	<input type="checkbox"/>	Public Fixed Wireless Multimedia Services	<input type="checkbox"/>
Public Switched Integrated Digital Network Services	<input type="checkbox"/>	Leased Circuit Services	<input type="checkbox"/>
Public Switched Messaging Services	<input type="checkbox"/>	Public Digital Television Spectrum Administration	<input type="checkbox"/>
Public Switched Data Services	<input type="checkbox"/>	Value Added Communication Services	<input type="checkbox"/>

INFRASTRUCTURE DEVELOPMENT PLAN

Please select all applicable infrastructure proposed to be developed as part of the proposed investment plan

Communications Towers	<input type="checkbox"/>	Submarine Fibre Optic Cables	<input type="checkbox"/>
Terrestrial Fibre Optic Cables	<input type="checkbox"/>	International voice gateway	<input type="checkbox"/>
Broadband internet gateway	<input type="checkbox"/>	Data Centre Co-Location Facility	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	Other (Specify).....	<input type="checkbox"/>

BUSINESS GEOGRAPHICAL COVERAGE

Please tick as applicable the applicable coverage of proposed services

Less than 3 Districts	<input type="checkbox"/>	Between 5 and 10 Districts	<input type="checkbox"/>
Between 10 and 15 Districts	<input type="checkbox"/>	Nationwide Coverage	<input type="checkbox"/>

TARGET MARKET

Please tick as applicable, the target market for the proposed services

Other Service Resellers and End Users	<input type="checkbox"/>	Service End-Users Only	<input type="checkbox"/>
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SPECTRUM RESOURCE USES AND REQUIREMENTS

Proposed Utilisation of Frequency Spectrum. Please tick as applicable

Backhaul Transmission	<input type="checkbox"/>	Distribution and Customer Access	<input type="checkbox"/>
Broadcasting	<input type="checkbox"/>	Other (Specify).....	<input type="checkbox"/>

Proposed Type (please indicate whether the business will require licensed or unlicensed frequencies. Tick as applicable)

Licensed Frequencies	<input type="checkbox"/>	Unlicensed Frequencies	<input type="checkbox"/>
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Please indicate the Frequency Bands required for your network

Primary Option Band	<input type="checkbox"/>	Associated Bandwidth	<input type="checkbox"/>
Secondary Option Band	<input type="checkbox"/>	Associated Bandwidth	<input type="checkbox"/>
Other Option Band	<input type="checkbox"/>	Associated Bandwidth	<input type="checkbox"/>

Proposed Geography (please indicate the coverage of areas in which radio frequency spectrum assignment is required)

Less than 5 Districts	<input type="checkbox"/>	Between 5 and 10 Districts	<input type="checkbox"/>
Between 10 and 15 Districts	<input type="checkbox"/>	Nationwide Coverage	<input type="checkbox"/>

Numbering Resource Requirement (Please indicate the volume of numbers required for assignment)

1 Million or Less	<input type="checkbox"/>	Up to 2 Million	<input type="checkbox"/>
Up to 3 Million	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

Other Technical Information (Please provide the additional information requested below in a separate document, and tick the boxes for the information provided)

Network Design, Technology and Delivery Methodology

Network design, including proposed network configurations, layers, nodes, connectivity descriptions

Types of equipment to be utilised at all levels of the proposed network implementation (including equipment makes, models and specifications)

Summary information on the type of technology(ies) to be utilised in the delivery of the proposed services

Key Personnel (please provide curriculum vitae of the following key personnel separately and tick boxes for the information provided)

Chief Executive Officer

Chief Technical Officer

Chief Financial Officer

Chief Commercial Officer

Investment Plans (please provide in a separate document, estimates and forecasts of proposed capital outlay for initial investments and the first 5 years of operations)

Estimated capital investments in initial year of business

Forecast of additional investments over 5 year period

Proposed Staffing Requirements (please provide in a separate document)

Schedule of Human Resource requirements (Yr 0 to Yr 1)

Proposed Staffing Plans (Local vs Expatriate) (Yr 1 to Yr 5)

SPECTRUM RESOURCE USES AND REQUIREMENTS

UNDERTAKING (False declaration is liable to stiff legal/financial penalties)

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: _____

Signature: _____

Date: _____