



**APPLICATION FOR INDIVIDUAL LICENCE
(FORM AP.01/IL)**



FORM AP.01/IL

Payment Receipt No: _____

Date: _____

Application for Individual Licence (*Application to be submitted in triplicates*).

1. Service Options:

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

A. Sales/Installation of Terminal Equipment & Sales of Cables:.

i. Satellite Telecommunications Terminal Equipment

ii. Major Network & Switching Equipment, including (i) above and switching equipment of up to and more than 600-line capacity.

B. Internet Services .

C. Commercial Basic Radio Communications Network .

D. Interconnect Exchange Services .

E. Collocation/Infrastructure Sharing License

F. Private Network Links (Telephony Services- Fixed/Wireless)

i. National

ii Regional: Tier I , Tier II , Tier III , Tier IV , Tier V

G. Commercial Trunk Radio Network Service

H. Metropolitan Fibre Cable Network

I. Capacity Resale (employing Radio/Cable/VSAT): National Regional State

- J. Value Added Service:**
- i. Pre-Paid Calling Card
 - ii. Call Directory Services
 - iii. Special Numbering Services
 - iv. Call Centre Services
 - v. Content service using Short Code
 - vi. Automated Vehicle Tracking Services .
 - vii. Aggregator Service

K. PNL - Local Exchange Operator Licence - Description of proposed area of service coverage, viz.

Category A: Urban **B. Semi Urban** **C. Rural**

L. Non-Commercial Closed User Network

Indicate the category required, viz.

Category A: Small network with 2-Way VHF & UHF radio system only

Category B Large Network:

B1. Networks with 2-30 fixed or mobile stations for HF, VHF & UHF

B2. Networks with 31-50 fixed or mobile stations for HF, VHF and/or UHF
Radio-based VSAT Network

B3. Network services including microwave radio, VSAT and other radio
networks exceeding 50 fixed and/or mobile stations .

Category C: Direct International Access (Dedicated closed user international Link
For Embassies & Multilateral Agencies only)

M. National Long Distance Operator

N. Gateway Services

Please tick service for which licence is sought

i. Full International gateway

ii. International Data Access (IDA) gateway

O. Wholesale Wireless Access Service

P. Unified Access Services

Please tick service(s) for which licence is sought.

- i. Digital Mobile Services
- ii. Fixed Telephony Services
- iii. International Gateway Services
- iv. National Long Distance Services
- v. Regional Long Distance Services

Q. International Cable Infrastructure and Landing Station License

Please tick service(s) for which licence is sought

- i.** Submarine Cable
- ii** Terrestrial Cable

R. INFRACO License

Lagos North Central South West South East South South North West
North East

2. Company Information:

2.1 Company Name: _____

2.2 Name of Authorized Representative: _____

2.3. Address (not Postal) _____

2.4. Telephone/fax Number(s) _____

3. Corporate Profile:

3.1. Registered Name of Company _____

3.2. Registration Number _____

3.3 Date of Incorporation _____

3.4 Address (Head Office) _____

3.5 Telephone/Fax _____

3.6 E-mail _____

3.7 Please attach the following *documents*:

- *Certificate of Incorporation*
- *Certified True copy of Articles & Memo of Association*
- *Current Tax Clearance Certificate*
- *Brief profile and Passport photograph of the Directors and Shareholders*
- *(Or passport photograph of a representative where the Company is a shareholder)*
- *Certified True Copy of Company's Registered Address*
- *Certified true Copy of form C07 (List of Directors)*
- *Memorandum of Understanding with Operator(s) (for VAS Content applicants only)*

4. Ownership Structure

4.1 Directors:

S/N	NAME OF DIRECTOR	ADDRESS	NATIONALITY	OTHER REQUIREMENTS
				E-Mail:
				Phone No:
				NIN No:
				E-Mail:
				Phone No:
				NIN No:
				E-Mail:
				Phone No:
				NIN No:
				E-Mail:
				Phone No:
				NIN No:

4.2. Shareholders (holding 5% or more shares):

S/N	NAME OF SHAREHOLDER	ADDRESS	NATIONALITY	OTHER REQUIREMENTS
				E-Mail:
				Phone No:
				NIN No:
				E-Mail:
				Phone No:
				NIN No:
				E-Mail:
				Phone No:
				NIN No:
				E-Mail:
				Phone No:
				NIN No:

5. Experience:

Provide full particulars of the company's experience and expertise, including those of its Partners, Suppliers, Contractors, and Providers of Technical support.

6. Project Feasibility:

A feasibility report is required to accompany your application. This should include details on the following items of information:-

- A. Business and Market Analysis relative to proposed telecommunications undertaking;
- B. Detailed Description of the proposed service;
- C. Technical layout/systems description;
- D. Frequency requirements;
- E. Metering and Billing System;
- F. Proposed Grade of Service;
- G. Proposed Code of Practice/compensation for loss of service;
- H. Implementation Schedule and growth plan;
- I. Location & Coverage of service;
- J. Proposed Community Service Obligation;
- K. Ownership, Organisation and Management Structure, including staffing and training;
- L. Financial projections, including fundamental assumptions, tariff structure, Profit & Loss accounts, and cash-flow statements over the licence period, as well as project financing arrangements.

7. **Number of employees (Actual and/or Proposed)** _____

8. **Undertaking:**

I/We _____ hereby certify that the information supplied in this application form is true in all respects and I/We hereby give an 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.

Signed _____

Date _____

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

