



**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*).

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

B . Internet Services .

C. Paging .

D. Commercial Basic Radio Communications Network .

E. Internet Exchange Services .

F. Interconnect Exchange Services .

G. Voicemail Services .

H. Collocation/Infrastructure Sharing License

**I. Private Network Links (Telephony Services-Wireless)**

i. Regional: Tier I  , Tier II  , Tier III  , Tier IV  , Tier V

J. Commercial Trunk Radio Network Service

K. National Long Distance Operator

**L. G.M.P.C.S**

i. Sales & Installation       ii. Service Provider

iii. Land Earth Station Operator       iv. Group License

M. Metropolitan Fibre Cable Network

**N. Fixed Telephony Service:**

i. National

ii. Regional: Lagos S/West  N/West  N/Central  S /East  S/South

iii. Sub Regional (Not beyond a State). Please specify State

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

**P. Value Added Service:**

- i. Pre-Paid Card Calling
- ii. Call Directory Services
- iii. Special Numbering Services
- iv. Call Centre Services
- v. Content service using Short Code
- vk. Cwqo cvgf "Xgj kerg"Vtcentpi "Ugtxleg

S 0PNL - Local Exchange Operator Licence - Description of proposed area of service coverage, viz.

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

**T0 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*)

**U Gateway Services**

""Please tick service for which licence is sought.

- ""i. Full International Gateway .....
- ""ii. International Data Access (IDA) gateway.....

**V International Cable Infrastructure and Landing Station**

**W**

**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 .....

**2. Service Area**

Please tick service area for which licence is sought.

i. National .....

ii. \* Regional.....

**3. Regional Service**

Please state region(s) for which licence is sought \_\_\_\_\_

*XOY j qngucrg'Y kt gngul'Ceegul'Ugt xlegu*

**2. Contact Information:**

2.1 Name of Authorized Representative \_\_\_\_\_

2.2 Address (not Postal) \_\_\_\_\_

3.2 Company' Registration Number \_\_\_\_\_

3.3 Date of Incorporation \_\_\_\_\_

3.4 Address (Head Office) \_\_\_\_\_

3.5 Telephone (Fixed/Mobile)/ fax Numbers & E-mail \_\_\_\_\_

**4. Ownership Structure**

**4.1 Directors:**

S/N	NAME OF DIRECTORS	ADDRESS	NATIONALITY

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

S/N	NAME OF SHAREHOLDERS	ADDRESS	NATIONALITY

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

**5. Experience:**

5.1 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:-

- 6.1 Business and Market Analysis relative to proposed telecommunications undertaking;
- 6.2 Proposed Code of Practice/compensation for loss of service;
- 6.3 Technical layout/systems description;
- 6.4 Frequency requirements;
- 6.5 Metering and Billing System;
- 6.6 Proposed Grade of Service;
- 6.7 Implementation Schedule and growth plan;
- 6.8 Proposed Community Service Obligation;
- 6.9 Location & Coverage of service;
- 6.10 Ownership, Organisation and Management Structure, including staffing and training;
- 6.11 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 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.*

