

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



## FORM AP.01/IL

Payment Receipt No: ...... Date: .....

 $\square$ 

## 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.  $\Box$ 

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. Automated Vehicular Tracking Services .		
D. Paging.		
E. Commercial Basic Radio Communications Network .		
F. Internet Exchange Services .		
G. Interconnect Exchange Services .		
H. Voicemail Services.		
I. Collocation/Infrastructure Sharing License		
J. Private Network Links (Telephony Services-Wireless)		
<i>i</i> . Regional: Tier I $\Box$ , Tier II $\Box$ , Tier III $\Box$ , Tier IV $\Box$ , Tier V $\Box$		
K. Commercial Trunk Radio Network Service		
L. National Long Distance Operator		
M. G.M.P.C.S		
<i>i</i> . Sales & Installation $\Box$ <i>ii</i> . Service Provider $\Box$ <i>iii</i> . Land Ea	rth Station Operator $\Box$	
<i>iv</i> . Group License		
<ul><li>N. Metropolitan Fibre Cable Network</li><li>O. Fixed Telephony Service:</li><li><i>i</i>. National</li></ul>		
ii. Regional: Lagos S/West  N/West  N/Central  S /Ea	st S/South	

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

## 

J.	Value Add	led Service:
	i.	Pre-Paid Card Calling
	ii.	Call Directory Services
	iii.	Special Numbering Services
	iv.	Call Centre Services
	v.	Content service using Short Code $\Box$
K.	PNL - Loc coverage	cal Exchange Operator Licence - Description of proposed area of service , viz.
	Categ	ory A: Urban
	Categ	ory B. Semi Urban
	Categ	ory C. Rural
L.		mercial Closed User Network e category required, viz.
	•••	: Small network with 2-Way VHF & UHF radio system only Large Network:
B1	. Networks	with 2-30 fixed or mobile stations for HF, VHF & UHF $\hfill \square$
B2	. Networks	with 31-50 fixed or mobile stations for HF, VHF and/or UHF $\Box$
Ra	dio-based V	/SAT Network
		ervices including microwave radio, VSAT and other radio eding 50 fixed and/or mobile stations
Ca	tegory C: D	virect International Access (Dedicated closed user international Link <i>for</i> <i>Embassies &amp; Multilateral Agencies only</i> )
K.	Gateway	Services
Ple	ease tick ser	vice for which licence is sought.
		ional gateway Il Data Access (IDA) gateway
L.	Unified .	Access Services
	Please	tick service(s) for which licence is sought.
	<i>i</i> . Digi	tal Mobile Services
	ii. Fix	ed Telephony Services

iii. International Gateway Services  $\Box$ 

<i>iv.</i> National Long Distance Services $\Box$
v. Regional Long Distance Services $\Box$

## 2. Service Area

Please tick service area for which licence is sought.
<i>i</i> . National
<i>ii.</i> * Regional

\_\_\_\_\_

## 3. Regional Service

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

## 2. Contact Information:

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

2.2 Address (not Postal)

3.2	Registration Number
3.3	Date of Incorporation
3.4	Address (Head Office)

#### 3.5 Telephone / 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 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 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 Code of Practice/compensation for loss of service;
- 6.9 Proposed Community Service Obligation;
- 6.10 Location & Coverage of service;
- 6.11 Ownership, Organisation and Management Structure, including staffing and training;
- 6.12 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.

