FIRST SCHEDULE

(*Regulations 3*)

Form 1
(*Regulation 3*)
(To be completed in triplicate)

The Information and Communication Technologies Act, 2009

(Act No. 15 of 2009)

The Information and Communication Technologies

(Registration of Electronic Communication Apparatus) Regulations, 2011

APPLICATION FOR DEALERS CERTIIFICATE OF AUTHORISATION			
A. APPLICANTION TYPE		***Information Provided***	**Check List (√)**
1	Type of Application (Tick Appropriate)	[ ]New [ ]Renewal Certificate Number:	( )
B. APPLICANT'S DETAILS			
2	Company	Name: Registration No.: ZRA TPIN:	( )
3	Physical Address	Stand/Plot: Room/Suite: Road/Street: Town/City:	( )
4	Postal Address	Same as Physical Address: [ ] P.O. Box: Town/City:	( )
5	Phone	Fixed: Mobile: Fax:	( )
6	Email:		( )
7	Contact Person	Mr./Mrs./Miss: Surname: Other Names: Email: Mobile:	( )

8	Description of Company Business						( )
C. TECHNICAL DETAILS OF THE EQUIPMENT		***Information Provided***					
9	Equipment Category Dealt in (Tick Appropriate)	[ ] GSM	[ ] DECT	[ ] UMTS/3G/4G	[ ] TETRA	[ ] Amateur Radio	
		[ ] Private Mobile Radio	[ ] Radar	[ ] Maritime Radio	[ ] Radar	[ ] RLAN	( )
		[ ] Wimax	[ ] FWA	[ ] Microwave	[ ] Sound Broadcasting	[ ] TV Broadcasting	( )
		[ ] WiFi	[ ] Bluetooth	[ ] RFID	[ ] Amarteur Satelite Radio	[ ] Radio Navigation	( )
		[ ] Satelite TV	[ ] VSAT	[ ] Analog PSTN	[ ] xDSL	[ ] Voice Equipment	( )
		[ ] Leased Line Equipment	[ ] Switched Data	[ ] Other (Specify)			( )
10	Description of After Sales Service	Have Workshop: By Manufacturer: By User: Other (Specify):					( )
11	Other Information						( )

DECLARATION

I/we declare that all the particulars and information provided in this application are complete, correct and true and I/we agree that in the event that any of the said particulars and information provided is found to be untrue or fraudulent, the assignment/reservation will be revoked.

I/we agree that in the event that of the revocation of the assignment/reservation, any fees paid to the Authority in respect of the same shall be forfeited. I/we declare that in the event that the nature of my/our business changes, or I/we no longer carry out operations in terms of the assignment/reservation, I/we will notify the Authority in which case my/our assignment/reservation may be revoked or revised.

Declared at __ this day of 20 by the following persons who are duly authorised to sign for and on behalf of the applicant under the authority of the Power of Attorney or Board Resolution which are hereby attached.

_____ _____

Applicant's Name *Date*

_____

Applicant's Signature

FOR OFFICIAL USE ONLY

Received by: _____ Receipt No.: _____

Officer

Date Received: _____

Amount Received:_____

Serial No. of Applicant:_____ STAMP