## Form CRAN 4

## Application Form: Transfer of Licences and Transfer of Control of Licences -**Telecommunications Service Licences**

In terms of Regulation 7 of the Regulations Regarding Licensing Procedures for Telecommunications and Broadcasting Service Licences and Spectrum Use Licences, a person intending to transfer its licence or transfer control of its licence must submit an application to the Authority on this form.

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LICENCE Set out details of the licence and attach a copy of the licence.		
set out details of the ficefice and attach a c	opy of the ficence.	
Licence Type		
Licence Number		
LICENSEE		
Licensee		
ID or Registration Number of Licensee		
CONTACT PERSON		
Contact Person (full and official names)		
Physical Address		
Postal Address		
Telephone number(s)		
Facsimile number(s)		
Electronic mail address(es)		
TRANSFEREE		
Transferee		
ID or Registration Number of Transferee		
CONTACT PERSON		
Contact Person (full and official names)		
Physical Address		
Postal Address		
Telephone number(s)		
Facsimile number(s)		
Electronic mail address(es)		

Owner Name	Percentage of Ownership	Nationality of Owner

G.	FOREIGN OWNERSHIP INTERESTS Provide full details regarding foreign ownership interests in the licensee.			
Н.	REASONS FOR THE PROPOSED TRANSFER Set out a complete, accurate and concise statement of the reasons for the proposed transfer or transfer of control.			
I.	ANY OTHER INFORMATION Provide any other information you believe might be relevant to the Authority in considering this application.			
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PLEA	ASE NOTE:			
•		lder should bring this Applica		
•		e Identity documents of the many this Application Form	Applicant/licensee, contact persons and a;	
•	If an authorized agent	t completes the Application	on behalf of the Applicant, such agent of attorney, which authorizes him or her	
•	to lodge the applicatio	n on behalf of the applicant;	in the event that the Applicant or the	
	transferee are juristic p	persons.		
•		quest further information or of time and the manner set out	documentation, which must be provided by the Authority.	
Signe	d by	at	in his/her capacity as	
		, duly authorised and warra	nting such authority and warranting that	
tne in	formation provided herein	n is true and correct, on the	day of, 20	
Signa	ture			
ACKI	NOWLEDGEMENT OF	RECEIPT BY CRAN		
Name	a			
Date				
Place				
Signa				