## ANNEXURE A

## Form CRAN 15 **Application Form: Network Facilities Service Licence**

 ${\it In terms of Regulation 5 of the ``Regulations Regarding Licensing Procedures for Telecommunications'}$ and Broadcasting Service Licences and Spectrum Use Licences published in Government Gazette No. 4785, General Notice No. 272 of 29 August 2011 and amended from time to time 2016 - a person intending to provide network facilities is required to complete this application for a broadcasting

|   | ull, sign it and submit it to the Au                 |                                    |
|---|--|------------------------------------|
| 4, along with the relevant app Authority. | lication fee or proof that the app                   | olication fee has been paid to the |
| 11.000000                                 |  |                                    |
| A. APPLICANT                              |  |                                    |
| Applicant (full and official names        | 3)   |                                    |
| ID or Registration Number of Ap           | plicant  |                                    |
| B. CONTACT PERSON                         |  |                                    |
| Contact Person(full and official n        | ames)  |                                    |
| Physical Address                          |  |                                    |
| Postal Address                            |  |                                    |
| Telephone number(s)                       |  |                                    |
| Facsimile number (s)                      |  |                                    |
| Electronic mail address(es)               |  |                                    |
|   |  |                                    |
| C. OWNERSHIP INTERI                       |  |                                    |
| Owner Name                                | Percentage of Ownership                              | Nationality of Owner               |
| o when I take                             |  |                                    |
| O WHO! I WHITE                            |  |                                    |
| O WIEL Plante                             |  |                                    |
| O WIEL I WILL                             |  |                                    |
| O WIGHT CHIEF                             |  |                                    |
|   | HIP INTERESTS  |                                    |
|   | HIP INTERESTS  |                                    |
| D. FOREIGN OWNERSH                        | HIP INTERESTS  preign ownership interest in the lice | ence, in any.                      |
| D. FOREIGN OWNERSH                        |  | ence, in any.                      |
| D. FOREIGN OWNERSH                        |  | ence, in any.                      |
| D. FOREIGN OWNERSH                        |  | ence, in any.                      |
| D. FOREIGN OWNERSH                        |  | ence, in any.                      |
| D. FOREIGN OWNERSH                        |  | ence, in any.                      |
| D. FOREIGN OWNERSH                        |  | ence, in any.                      |

# E. BOARD OF DIRECTORS

| If the applicant is a juristic person(s), set out the full names, nar | ationalities and identity numbers of the |
|---|--|
| members of the Board of Directors or other governing body.            |  |

|       | Director Name              | Nationality                        | Identity Number                     |
|-------|----------------------------|------------------------------------|-------------------------------------|
|       |                            |                                    |                                     |
|       |                            |                                    |                                     |
|       |                            |                                    |                                     |
|       |                            |                                    |                                     |
|       |                            |                                    |                                     |
| F.    | NETWORK FACILIT            | TES TO BE PROVIDED                 |                                     |
| Set o | ut a complete, accurate ar | nd concise statement of the networ | k facilities you intend to provide. |
|       |                            |                                    |                                     |
|       |                            |                                    |                                     |
|       |                            |                                    |                                     |

# G. TECHNICAL PORTION (Complete applicable parts)

| 1. | Indicate the physical address(es) where network facilities are located or would be located in |
|----|---|
|    | case of new network facilities still to be implemented. Include geographical locations up to  |
|    | seconds.  |

2. Indicate the description, the make and model of relevant equipment. Attached the specifications and type approval certificates.

| <br> |  |
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|      |  |

# H. FINANCIAL RESOURCES

Attach a five (5) year business plan inclusive of market analysis, growth forecasts, funding and financial resources and expertise but not limited thereto.

#### I. CO-OWNERSHIP DETAILS

| Indicate  | full  | details | of   | any  | ownership       | interest  | held | in  | existing | telecommi     | unications | or   |
|-----------|-------|---------|------|------|-----------------|-----------|------|-----|----------|---------------|------------|------|
|           | ~     |         |      |      | s by the ap     | •         |      | the | applican | t is a jurist | ic person  | , by |
| persons w | vho l | iold ow | ners | ship | interest in the | he applic | ant. |     |          |               |            |      |
|           |       |         |      |      |                 |           |      |     |          |               |            |      |

#### J. ANY OTHER INFORMATION

| Provide any other information you believe might be relevant to the Authority in con | sidering |
|---|----------|
| this application.   |          |

#### PLEASE NOTE:

- A certified copy of the Identity document of the Applicant and members of the Board of Directors should accompany this Application Form
- If an authorized agent completes the Application on behalf of the Applicant, such agent should submit, with the Application Form, a power of attorney, which authorizes him or her to lodge the application on behalf of the applicant.
- The Authority may request further information or documentation, which must be provided to the Authority in the time and the manner set out by the Authority.

## F. KISHI

Signature

CHAIRPERSON OF THE BOARD OF DIRECTORS
COMMUNICATIONS REGULATORY AUTHORITY OF NAMIBIA