

FORM 5**COMMUNICATION REGULATORY AUTHORITY OF NAMIBIA
RECONSIDERATION FORM
Regulation 25**

In terms of Regulation 25 of the Regulations in respect of Telecommunications Equipment Requiring Type Approval, applications for reconsideration must be submitted on this form within thirty (30) days from date of receipt of the Authority's decision.

A. APPLICANT

APPLICANT: _____

Physical Address _____

Postal Address: _____

Telephone number(s): _____

Electronic mail address(es): _____

B. CONTACT PERSON (IF DIFFERENT FROM APPLICANT)

Contact Person: _____

Physical Address: _____

Postal Address: _____

Telephone number(s): _____

Electronic mail address(es): _____

C. RESPONDENT

Respondent: _____

Contact Person: _____

Physical Address: _____

Postal Address: _____

Telephone number(s): _____

Electronic mail address(es): _____

D. SUMMARY OF GROUNDS FOR RECONSIDERATION

Provide an accurate and concise statement of the grounds illustrating why the Authority should reconsider its decision.

E. RELIEF SOUGHT

Provide a clear and concise statement of the specific relief or remedy sought.

F. LIST OF DOCUMENTS SUPPORTING REQUEST FOR RECONSIDERATION

Provide a detailed list of the documents you wish to use in support of your request for reconsideration. Please further ensure that the listed documents are attached to this form.

G. ANY OTHER INFORMATION

Provide any other relevant information.

Signed by _____ at _____ in his/her/its
capacity as _____, duly authorised and warranting such authority
and warranting that the information provided herein is true and correct, on the _____
day of _____, 20 ____.

Signature

ACKNOWLEDGEMENT OF RECEIPT BY CRAN:

Name:	
Date:	
Place:	
Signature:	