

**Form CRAN 7****Application Form: Amendment of Telecommunications or Broadcasting Service Licence or Spectrum Use Licence**

*In terms of Regulation 8(2) of the Regulations Regarding Licensing Procedures for Telecommunications and Broadcasting Service Licences and Spectrum Use Licences, a licensee may request the Authority to amend its licence by submitting this application form to the Authority.*

*After completing the form, sign it and submit it to the Authority as required by Regulation 8, along with the relevant application fee or proof that the application fee has been paid to the Authority.*

- A. **LICENCE**  
Set out details of the licence and attach a copy of the licence.

Licence Type	
Licence Number	

- B. **LICENSEE**

Licensee	
ID or Registration Number of Licensee	

- C. **CONTACT PERSON**

Contact Person (full and official names)	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

- D. **AMENDMENT**  
Set out a complete accurate and concise statement of the proposed amendment.


- E. **REASONS FOR THE PROPOSED AMENDMENT**  
Set out a complete, accurate and concise statement of the reasons for the proposed amendment.


## F. ANY OTHER INFORMATION

Provide any other information you believe might be relevant to the Authority in considering this application.


## PLEASE NOTE:

- Certified copies of the Identity documents of the Applicant/licensee and contact person 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.

Signed by \_\_\_\_\_ at \_\_\_\_\_ in his/her 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	