

**COMMUNICATIONS REGULATORY AUTHORITY OF NAMIBIA**

No. 131

2011

**PUBLICATION OF FORMS REFERRED TO IN THE REGULATIONS REGARDING  
LICENSING PROCEDURES FOR TELECOMMUNICATIONS AND BROADCASTING  
SERVICE LICENCES AND SPECTRUM USE LICENCES**

The Board of the Communications Regulatory Authority of Namibia, in terms of the Regulations Regarding Licensing Procedures for Telecommunications and Broadcasting Service Licences and Spectrum Use Licence, prescribed the content of certain application forms.

The regulations require the Authority to make the forms available. Accordingly, the following nine (9) application forms are herewith published in the *Government Gazette*:

1. Application Form: Class Telecommunications Service Licence;
2. Application Form: Broadcasting Service Licence;
3. Application Form: Spectrum Use Licence;
4. Application Form: Transfer of Licences and Transfer of Control of Licences - Telecommunications Service Licences;
5. Application Form: Transfer of Licences and Transfer of Control of Licences - Broadcasting Service Licences;
6. Application Form: Transfer of Licences and Transfer of Control of Licences - Spectrum Use Licences;
7. Application Form: Amendment of Telecommunications or Broadcasting Service Licence or Spectrum Use Licence;
8. Application Form: Renewal of Telecommunications or Broadcasting Service Licence or Spectrum Use Licence; and
9. Application Form: Withdrawal of Telecommunications or Broadcasting Service Licence and Spectrum Use Licence.

The Authority will also make the forms available on its website, where they may be downloaded free of charge.

**L. JACOBS**  
**CHAIRPERSON**  
**BOARD OF THE COMMUNICATIONS**  
**REGULATORY AUTHORITY OF NAMIBIA**



**E. CATEGORY OF CLASS TELECOMMUNICATIONS SERVICE LICENCE**

Identify the type of telecommunications service licence for which you are applying.

Class ECS	
Class ECNS	
Class Comprehensive telecommunications service licence (ECS and ECNS)	

**F. SERVICES TO BE PROVIDED**

Set out a complete, accurate and concise statement of the telecommunications services you intend to provide, including a description and diagram of any envisaged network to be operated, constructed or used.


**G. ANY OTHER INFORMATION**

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


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:	



**E. BOARD OF DIRECTORS**

If the applicant is a juristic person, set out full names, nationalities and identity numbers of the members of the Board of Directors or other governing body.

Director Name	Nationality	Identity number

**F. CATEGORY OF BROADCASTING SERVICE LICENCE**

Identify the type of broadcasting service licence for which you are applying.

Commercial broadcasting service	
Community broadcasting service	
Public broadcasting service	
Signal distribution	

**G. SIGNAL DISTRIBUTION**

If this application is for a commercial, community, or public broadcasting service licence, indicate whether the applicant intends to provide its own signal distribution service, and if so, ensure that an application for a signal distribution licence is simultaneously submitted with the Authority, or whether it intends to contract with a signal distribution service licensee for such service, and if so, identify the signal distribution service licensee.


**H. SPECTRUM USE**

If this application is for a commercial, community, or public broadcasting service licence, indicate whether the applicant intends to use spectrum in the provision of the broadcasting service, and if so, ensure that an application for a spectrum use licence is simultaneously submitted with the Authority.




## N. ANY OTHER INFORMATION

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


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:	







## G. TECHNICAL PORTION

Complete the relevant part(s).

1. Indicate the transmission medium(s) (e.g. terrestrial, satellite, etc.)


2. Describe the geographic coverage area(s). Indicate the radius covered by both antenna's and the transmitters. Attach a diagram of each coverage area.


3. Indicate the physical address(es) where the transmitter(s) would be located and include the geographical co-ordinates, up to seconds.


4. Indicate the make and model of the transmitter. Attach the specifications, including frequency requirements of the equipment and type approval certificates.


5. Indicate the modulation scheme.


6. Indicate the bit rate (bits/s).


7. Indicate the transmitter power (dBW/W).


8. Indicate the antenna make and model. Attach the specifications, including frequency requirements of the equipment and type approval certificates.


9. Indicate the description, the make and model of the relevant equipment. Attach the specifications, including frequency requirements of the equipment and type approval certificates.


10. Indicate the maximum antenna gain (dB).


11. Indicate the antenna diameter (m).


12. Indicate the antenna polarization (H/V).


13. Indicate the effective radiated power (dBW/Watt).


14. Indicate receiver sensitivity threshold (dBm).




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:	

**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.*

*After completing the form, sign it and submit it to the Authority as required by Regulation 7, 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	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

**D. TRANSFEREE**

Transferee	
ID or Registration Number of Transferee	

**E. CONTACT PERSON**

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	



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:	



**APPLICATION FORM  
TRANSFER OF LICENCES AND TRANSFER OF CONTROL OF LICENCES:  
BROADCASTING 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 the control of its licence must submit an application to the Authority in this form.*

*After completing the form, sign it and submit it to the Authority as required by Regulation 7.*

**A. LICENSEE**

Licensee	
ID or Registration Number of Licensee	

**B. CONTACT PERSON**

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

**C. DETAILS OF THE LICENCE**

Attach a copy of the licence the applicant licensee wishes to transfer or transfer control of.

DATE OF ISSUE OF LICENCE:	
LICENCE NUMBER:	
TYPE OF LICENCE: (Indicate the category of service(s) licensed)	
RADIO SPECTRUM LICENCED:	

**D. PROPOSED TRANSFEREE**

Licensee	
ID or Registration Number of Licensee	

**E. CONTACT PERSON**

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

## F. OWNERSHIP INTERESTS IN THE TRANSFEREE

Owner Name	Percentage of Ownership	Nationality of Owner

Reproduce the table above and complete it for each owner who is a juristic person.

## G. FOREIGN OWNERSHIP INTERESTS

Provide full details regarding foreign ownership interests in the transferee.


## H. TRANSFEREE BOARD OF DIRECTORS

No.	Directors Full Names	Nationality	Identity numbers

## I. TRANSFEREE FINANCIAL RESOURCES

Include a statement of accounts setting out the financial resources available to the transferee in relation to the broadcasting service licence applied for.


## J. EXPERTISE AND EXPERIENCE

State, concisely the expertise and experience of the transferee.




Completed and signed by (Insert Name) \_\_\_\_\_ at  
\_\_\_\_\_ in his/her capacity as \_\_\_\_\_, duly  
authorised and warranting such authority and confirming that the information submitted herein is  
true and correct, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Signature:

ACKNOWLEDGEMENT OF RECEIPT BY CRAN:

Name:	
Date:	
Place:	
Signature:	

**APPLICATION FORM**  
**TRANSFER OF LICENCES AND TRANSFER OF CONTROL OF LICENCES:**  
**SPECTRUM USE 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.*

*After completing the form, sign it and submit it to the Authority as required by Regulation 7, 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	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

**D. TRANSFEREE**

Transferee	
ID or Registration Number of Transferee	

**E. CONTACT PERSON**

Contact Person	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

## F. OWNERSHIP INTERESTS

Owner Name	Percentage of Ownership	Nationality of Owner

## G. REASONS FOR THE PROPOSED TRANSFER

Set out a complete, accurate and concise statement of the reasons for the proposed transfer or transfer of control.


## H. ANY OTHER INFORMATION

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


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:	



**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.


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:	





## E. ANY OTHER INFORMATION

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


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:	

**APPLICATION FORM  
WITHDRAWAL OF TELECOMMUNICATIONS OR BROADCASTING SERVICE LICENCE  
AND SPECTRUM USE LICENCE**

*In terms of Regulation 10 of the Regulations Regarding Licensing Procedures for Telecommunications and Broadcasting Service Licences and Spectrum Use Licences, a licensee that intends to permanently discontinue providing service in accordance with its licence must request the Authority to withdraw its licence by submitting an application to the withdraw a licence on this form.*

*After completing the form, sign it and submit it to the Authority as required by Regulation 10.*

**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	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

**D. REASONS FOR THE PROPOSED WITHDRAWAL**

Set out a complete, accurate and concise statement of the reasons for the proposed withdrawal.


**E. DATE OF DISCONTINUATION**

Set out the date the licensee intends to permanently discontinue providing services.


**F. FEES**

Indicate whether the licensee has paid all fees payable to the Authority in relation to the licence.


**G. ANY OTHER INFORMATION**

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


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:	

\_\_\_\_\_