



**Application for TELE-CENTER/CYBER CAFÉ PERMIT  
(FORM AP.02/TC)**



FORM AP.02/TC

Payment Receipt No: .....

Date: .....

**Application for Permit: TELE-CENTER/CYBER CAFÉ.**

(Application to be submitted in duplicate)

**1. Contact Information:**

1.1 Name of Authorized Representative \_\_\_\_\_

1.2 Address \_\_\_\_\_  
\_\_\_\_\_

1.3 Telephone/fax Numbers \_\_\_\_\_

1.4 E-Mail \_\_\_\_\_

**2. Corporate Profile:**

2.1 Registered Name of Company \_\_\_\_\_

2.2 Registration Number \_\_\_\_\_

2.3 Date of Incorporation/Registration \_\_\_\_\_

*\*Attach copy of Certificate of Incorporation/Registration, Certified True Copy of Articles & Memorandum of Association, and Tax Clearance Certificate.*

2.4 Address (Head Office) \_\_\_\_\_  
\_\_\_\_\_

2.5 Telephone/fax Numbers \_\_\_\_\_

2.6 Number of Outlets \_\_\_\_\_

**3. Permit Category/Service Coverage:**

3.1 Indicate the category of Permit required, viz.

(a) Tele -centre  (Provision of Telephone Services via conventional lines or as outlets for licensed Payphone operators but without Internet access).

(i) Rural  (ii) Urban

(b) Cyber Cafe  Provision of Internet access, plus telephone services using conventional lines or as an outlet for a licensed Payphone operator).

**3.2 Location of Outlets:** *(Please give relevant update where application is a renewal)*

Address	Telephone/fax Numbers:	Other Information
(a)		
(b)		
(c)		
(d)		
(e)		

(If space is not sufficient please use additional paper)

**3.3 Actual or Proposed Tariff:**

Local Calls:	Trunk calls: (State Zones)	International Calls: (Country Zones)	Internet Browsing:	E-Mail:

(If space is not sufficient please use additional paper)

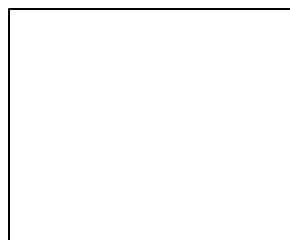
**4 Number of employees (Actual and/or Proposed):** \_\_\_\_\_

**5 Undertaking:**

I/We \_\_\_\_\_ hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Permit, I/We shall abide by the terms and conditions upon which the Permit is granted. I/We accept that my/our Permit may be revoked and the appropriate penalty applied if it is established that I/We have been granted Permit based on incorrect information.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*Certified Passport Photographs (2 copies) of authorised representative.)*



**6. For official use only**

**6.1 Legal Check:**

- |     |   |   |   |
|-----|---|---|---|
| (a) | Any previous Licence/Permit?                  | Y | N |
| (b) | Any Licence/Permit previously denied/revoked? | Y | N |

**6.2 Confirmation/Verification Of Contact Information:**

- |     |   | <u>Authenticated?</u> |   |
|-----|---|-----------------------|---|
|     |   | Y                     | N |
| (a) | Address .....                                   |                       |   |
| (b) | Telephone/fax Numbers .....                     |                       |   |
| (c) | Company ownership .....                         |                       |   |
| (d) | Company registration/incorporation status ..... |                       |   |
| (d) | Qualification (if applicable) .....             |                       |   |
| (e) | Experience (if applicable) .....                |                       |   |

6.3 Confirm authenticity of ownership of telephone line(s).....

6.4 Confirm agreement with service provider.

**6.5 *Remarks/Recommendation:***

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\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**