

## APPLICATION FORMFOR VIRTUAL NETWORK OPERATOR

## FORM AP.01/IL

Payment Receipt No:
Date:

# Application for Virtual Network Operator License (Application to be

submitted in triplicates).

## **1. Service Options:**

Please tick service for which licence is sought. Complete and submit separate application for each selected service.

1.1. MVNO Service Tier Selection

	Tier - 1 Service Virtual Operator	Tier - 2 Simple Facilities Operator	Tier - 3 Core Facilities Operator	Tier - 4 Virtual Aggregator / Enabler	Tier - 5 Unified Virtual Operator
	1.2. Service Cove	rage Area	1	Linubier	1
	Rural		Urban		
2.	Company Information	1:			
2.1	Company Name:				
	Name of Authorized Ro Address (not Postal) _	-			
2.4.	Telephone/fax Numb	er(s)			
3.	Corporate Profile	:			
3.1.	Registered Name of	Company			
3.2.	Registration Number				
3.3	Date of Incorporation	1			

- 3.5. Telephone/Fax\_\_\_\_\_
- 3.6 E-mail\_\_\_\_\_

#### 3.7 Please attached the following *documents:*

- Please attach the following documents along with this form:
  - Certificate of Incorporation
  - Certified true copy of Articles & Memo of Association
  - Current Tax Clearance Certificate
  - Brief profile and Passport of the Directors and Shareholders (a representative of a company that is a shareholder can be used)
  - Certified true copy of Company's registered address
  - Certified true copy of form C07 (list of directors)
  - Memorandum of understanding with Host Operator which should state that they are willing to enter negotiations for wholesale capacity with applicant
  - Summary of Capital structure
  - Financial Bank Guarantee and/or Performance Bank Guarantee

## 4. Ownership Structure

#### 4.1 Directors:

S/N	NAME OF DIRECTORS	ADDRESS	E-MAIL	NATIONALITY

4.2. Shareholders (holding 5% or more shares):

S/N	NAME OF SHAREHOLDERS	ADDRESS	E-MAIL	NATIONALITY

#### 5. Experience:

Provide full particulars of the company's experience and expertise, including those of its Partners, Suppliers, Contractors, and Providers of Technical support.

## 6. Host Operator Agreement Information

- a. Operator's Name
- b. Operator's License Number
- c. Contact Person Name & Role
- d. Contact Person Telephone/Fax
- e. Contact Person Email
- f. Agreed Date of Commencement of Negotiations

#### 7. Project Feasibility:

A feasibility report is required to accompany your application. This should include details on the following items of information:-

- A. Business and Market Analysis relative to proposed telecommunications undertaking;
- B. Detailed Description of the proposed service;
- C. Technical layout/systems description;
- D. Frequency requirements;
- E. Metering and Billing System;
- F. Proposed Grade of Service;
- G. Proposed Code of Practice/compensation for loss of service;
- H. Implementation Schedule and growth plan;
- I. Location & Coverage of service;
- J. Proposed Community Service Obligation;
- K. Ownership, Organisation and Management Structure, including staffing and training;
- L. Financial projections, including fundamental assumptions, tariff structure, Profit & Loss accounts, and cash-flow statements over the licence period, as well as project financing arrangements.

## 8. Number of employees (Actual and/or Proposed)

## 9. Undertaking:

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

Certified Passport Photographs (3 copies) of authorised representative & Company Seal.

