



**NATIONAL COMMUNICATIONS AUTHORITY
(NCA), GHANA**

**Customer Registration Form -
Individual**

NCA FORM AP01C

This should be completed by Individuals doing business with the Authority for the first time

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed application form
- Copy of National ID Card for Ghanaian Citizens
- Copy of Passport Information page for Foreign Nationals

Customer Registration Form - Individuals

This should be completed by Individuals doing business with the Authority for the first time

1.0 Administrative Information (to be filled by Applicant)	
1.1	Title
1.2	First Name
1.3	Middle Name
1.4	Surname
1.5	Nationality
1.6	Date of Birth
1.7	National ID (For Ghanaians & Resident Foreigners)
1.8	Passport Number (For Foreigners)
1.9	Passport Expiry Date
1.10	Physical Location / Registered Office
1.11	Street Name/Number
1.12	Country
1.13	Region
1.14	District
1.15	Town/City
1.16	Postal Address
1.17	Digital Address (Ghana Post GPS)
1.18	Telephone
1.19	Mobile Phone
1.20	Website
1.21	E-Mail Address
1.22	Fax (where applicable)
1.23	Date of Creation
1.24	Date of Last update
1.25	Customer Category

2.0 Technical Contact- person to be contacted on Technical/Engineering issues (to be filled by Applicant)	
2.1	Title
2.2	Position
2.3	First Name

2.4	Middle Name	
2.5	Surname	
2.6	Telephone	
2.7	Mobile Phone	
2.8	Website	
2.9	E-mail Address	

3.0 Financial Contact- person to be contacted with respect to invoices and payments
(to be filled by Applicant)

3.1	Title	
3.2	Position	
3.3	First Name	
3.4	Middle Name	
3.5	Surname	
3.6	Telephone	
3.7	Mobile Phone	
3.8	Website	
3.9	E-mail Address	

4.0 AUTHORISED REPRESENTATIVE- Person authorised to sign documents and apply for services (to be filled by Applicant)

4.1	First Name	
4.2	Middle Name	
4.3	Surname	
4.5	Telephone	
4.6	Mobile Phone	
4.7	Website	
4.8	E-mail Address	

5.0 Service Applied for (to be attached by Applicant)

5.1		
5.2		
5.3		
5.4		
5.5		

6. 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 Licence/Authorisation, I/We shall abide by the terms and conditions upon which the Licence/Authorisation is granted. I/We accept that my/our Licence/ Authorisation may be revoked and the appropriate penalty/ penalties applied if it is established that I/We have been granted Licence/Authorisation based on incorrect information. I/We further undertake to abide by all existing ITU Regulations and Communications laws of the country as well as other rules, regulations and directives that may be issued.

Date of Submission: ___/___/___
dd / mm / yy

Signature of Authorised Representative/Seal:

7.0 Attached Documents (to be attached by Applicant)

Document Name	Check if attached
Valid National ID of the Authorised Representative(s) (copy)	
Tax Clearance Certificate (Not applicable to start ups)	
SSNIT Clearance Certificate (Not applicable to start ups)	

8.0 For Administrative use Only

8.1	Customer ID	
8.2	Name of Employee who received the application	

Date of Application receipt: ___/___/___
dd / mm / yy

Signature/Seal: