

NATIONAL COMMUNICATIONS AUTHORITY (NCA), GHANA

APPLICATION FORM FOR ELECTRONIC COMMUNICATIONS MANAGED SERVICE LICENCE (ECMSL) NCA FORM AP10

Application Fee Receipt No:

(Please attach Receipt)

Date:

(Submission Date)

 Application Checklist. Tick (x) in box

 • Cover Letter

 • A Completed Application Form (AP10)

 • Business Plan

 • Non-Refundable Application Fee

 • Company Registration Documents

 • Data Protection Commission Certificate

 • Tax Clearance Certificate (For existing companies)

 • SSNIT Clearance Certificate (For existing companies)

 • Audited Financial Statements/Financial Projections

 • Any other Supporting Documents – Please tick

Application Form for Electronic Communications Managed Service Licence (ECMSL)

Before completing this form, please ensure that you have read and understood the guidelines. Comply with all the requirements listed for the application of this service. A copy of the guidelines may be found on our website: www.nca.org.gh

1.	Electronic Communications Services:							
Please	ease tick category for which Licence is sought							
	No	Non OEMs (Original Equipment Manufacturer) OEMs						
2.	Corpo	rporate Profile						
	2.1	Registered Name of Company:						
	2.2	Registered Trade Name (if any):						
	2.3	Registration Number:						
	2.4	Taxpayer Identification Number (TIN):						
	2.5	Date of Incorporation:						
	2.6	Date of Commencement:						
	2.7	Physical Location/Registered Office:						
	2.8	District:						
	2.9	Town/City:						
	2.10	Region:						
	2.11	Postal Address:						
	2.12	Digital Address (GhanaPost GPS):						
	2.13	Telephone:						
		Mobile Phone:						
	2.14	Website:						
	2.15	E-mail address:						
	2.16	Fax (where applicable):						

3. Contact Information:

3.1 Name of Authorised Representative:

- 3.2 Telephone:
- 3.3 E-mail address:

4. Ownership Structure:

4.1 **Shareholders** (holding 5% or more shares):

NO.	NAME OF SHAREHOLDER	SHARE HOLDING (%)	NATIONALITY	ADDRESS (house number, telephone number & email)	TAX IDENTIFICATION NUMBER (TIN)
		C			

5. Directors:

NO.	NAME OF DIRECTOR	NATIONALITY	ADDRESS (house number, telephone number & email)	TAX IDENTIFICATION NUMBER (TIN)
		CUTH	OR	

6. Number of Employees:

- 6.1 Number of Employees (Actual):
- 6.2 Number of Employees (Proposed):

7. Undertaking:

Signed:	Date:

Please attach 3 Certified copies of Passport Photographs of authorised representative with Company Seal.