

NATIONAL COMMUNICATIONS AUTHORITY (NCA), GHANA

APPLICATION FORM FOR RENEWAL OF ELECTRONIC COMMUNICATIONS MANAGED SERVICE LICENCE NCA FORM AP10R

Application Fee Receipt No:	
	(Please attach Receipt)
Date:	
	(Submission Date)

Application Checklist. Tick (x) in box A completed application form Cover Letter Business Plan A Non-Refundable Application Fee Company Registration Documents Five (5) year audited financials Tax Clearance Certificate SSNIT Clearance Any other Supporting Documents – Please tick

Application Form for Renewal of Electronic Communications Managed Service Licence

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.	Electro	onic Communications Services:
	Please	tick category for which Licence is sought
	No	on OEMs (Original Equipment Manufacturer) OEMs
2.	Corpo	rate 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 (Ghana Post GPS):
	2.13	Telephone:
		Mobile Phone:
	2.14	Website:
	2.15	E-mail address:
	2.16	Fax (where applicable):
3.	Conta	ct Information:
	3.1	Name of Authorised Representative:

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3.2	Telephone:
3.3	E-mail address:

4. Ownership Structure:

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

NO.	NAME OF SHAREHOLDER	SHARE HOLD- ING (%)	NATIONALITY	ADDRESS (house number, telephone number & email)	TAX IDENTIFICATION NUMBER (TIN)
				Un	
	/. \				
	/9/				

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

NO.	NAME OF SHAREHOLDER	SHARE HOLD- ING (%)	NATIONALITY	ADDRESS (house number, telephone number & email)	TAX IDENTIFICATION NUMBER (TIN)
			THOR		

5. Directors:

5.1 **Directors** (original application):

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

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NO.	NAME OF DIRECTOR	NATIONALITY	ADDRESS (house number, telephone	TAX IDENTIFICATION
			number & email)	NUMBER (TIN)
			M	
3.	Number of Employees:			
	6.1 Number of Employee	s (Actual):		
	l local a retacle locare			
	Undertaking:			
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