



**APPLICATION FOR  
BROADCASTING AUTHORISATIONS**

**NCA FORM AP03**



Payment Receipt No: .....  
Date: .....

**Application for Broadcasting Authorisations**  
*(Application to be submitted for each Station)*

**1. Service Options - Broadcasting Services:**

Please tick service (s) for which Authorisation is sought.

**A. Radio Broadcasting Services**

- i. Institutional FM Radio Station - (Campus Radio)
- ii. Community FM Radio Station
- iii. Experimental FM Radio Station
- iv. Commercial FM Radio Station  
Coverage Area:  45km  25km
- v. Satellite Radio Broadcasting Service

\*Location of station Studio.....

\*Location of Transmitter.....

**B. Television Broadcasting Services**

- i. Digital Terrestrial Pay Television (Service only)
- ii. Digital Terrestrial Pay Television (Service and Network)
- iii. Digital Terrestrial Television Network only
- iv. Digital Terrestrial Free-to-Air Television Programme Channel
- v. Digital Terrestrial Radio Service on TV Multiplex
- vi. Satellite Television Broadcasting (Pay TV Direct-to-Home Bouquet)
- vii. Satellite Television Broadcasting (Free-to-Air Direct-to-Home Bouquet)
- viii. Satellite Television Broadcasting (Free-to Air Direct-to-Home Single Channel)
- ix. Digital Terrestrial Television additional Services (eg. Teletext, etc)
- x. Digital Terrestrial Mobile Television Service
- xi. Digital Cable Television
- xii. Television over Internet Protocol

\*Location of station Studio.....

\*Location of Transmitter.....

**2. Contact Information:**

2.1 Name of Authorised Representative \_\_\_\_\_

2.2 Address (Location) \_\_\_\_\_  
\_\_\_\_\_

2.3 Address (Postal) \_\_\_\_\_

2.4 Telephone/Fax Numbers \_\_\_\_\_

2.5 E-mail address \_\_\_\_\_

**3. Corporate Profile:**

3.1 Registered Name of Company \_\_\_\_\_

3.2 Registered Trade Name (if any) \_\_\_\_\_

3.3 Registration Number \_\_\_\_\_

3.4 Date of Incorporation \_\_\_\_\_

3.5 Location Address/Registered Office \_\_\_\_\_  
\_\_\_\_\_

3.6 Telephone & Fax Numbers \_\_\_\_\_

3.7 E-mail address \_\_\_\_\_

**4. Ownership Structure:**

4.1 Directors:

S/N	NAME OF DIRECTORS	ADDRESS	NATIONALITY

4.2 Shareholders (holding 5% or more shares):

S/N	NAME OF SHAREHOLDERS	PERCENTAGE OF SHARES	ADDRESS	NATIONALITY

5. Number of Employees (Actual and/or Proposed): \_\_\_\_\_

**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 Authorisation, I/We shall abide by the terms and conditions upon which the Authorisation is granted. I/We accept that my/our Authorisation, may be revoked and the appropriate penalty applied if it is established that I/We have been granted Authorisation based on incorrect information.

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

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

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

