



**APPLICATION FOR RENEWAL OF
BROADCASTING AUTHORISATIONS**

NCA FORM AP04



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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 frequency)
- 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.

