



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

**APPLICATION FOR ELECTRONIC
COMMUNICATIONS (SUBMARINE
CARRIER SERVICE)
AUTHORISATION**

NCA FORM AP32

Application Fee
Receipt No:

(Please attach Receipt)

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed Application Form
- Cover Letter
- Letter of Commitment
- Copy of Valid National ID of the Contact
- Person(s)/ Authorised Representatives
- Business Plan
- A Non-Refundable Application Fee
- Tax Clearance Certificate *(Where applicable)*

- SSNIT Clearance Certificate

(Where applicable)

- Supporting Documents

Please refer to Annex A of application form

Application for Electronic Communications (Submarine Carrier Service) Authorisation

Service Options: Please tick (✓) where applicable		
A		
	Class A <input type="checkbox"/>	
	Class B <input type="checkbox"/>	<i>Specific Region (Please list)</i> <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>

1.0 Administrative Information (to be filled by Applicant)		
1.1	Registered Name of Company	
1.2	Registered Trade Name (if any)	
1.3	Country of Registration	
1.4	Taxpayer Identification Number (TIN)	
1.5	Company Registration Number from the Registrar General Department	
1.6	Company Registration Expiry Date	
1.7	Date of Incorporation	
1.8	Physical Location / Registered Office (Name of Building)	
1.9	Street Name/Number	
1.10	Country	
1.11	Region	
1.12	District	
1.13	Town/City	
1.14	Postal Address	
1.15	Digital Address (Ghana Post GPS)	
1.16	Telephone	
1.17	Mobile Phone	
1.18	Website	
1.19	E-Mail Address	
1.20	Fax (where applicable)	
1.21	Number of Employee(s)	
1.22	Date of Creation	For Administrative Use Only

1.23	Date of Last update	For Administrative Use Only
1.24	Applicant Category	For Administrative Use Only

2. Directors / Shareholders (to be filled by Applicant)

2.1 Directors

No.	Name of Directors	Nationality	Address	Tax Identification Number (TIN)

2.2 Shareholders (holding 5% or more shares)

No.	Names of Shareholders	Shareholding (%)	Nationality	Address	Tax Identification Number (TIN)

NOTE:

- Add supplementary list if shareholders are more than the space provided.

3. Technical Contact- person to be contacted on Technical/Engineering issues
(to be filled by Applicant)

3.1	Title	
3.2	Surname	
3.3	First Name	
3.4	Middle Name	
3.5	Position	
3.6	Telephone	

3.7	Mobile Phone	
3.8	Website	
3.9	E-mail Address	

4. Financial Contact- person to be contacted with respect to invoices and payments

(to be filled by Applicant)

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

5. AUTHORISED REPRESENTATIVE - Person authorised to sign documents and apply for services

5.1	Surname	
5.2	First Name	
5.3	Middle Name	
5.5	Telephone	
5.6	Mobile Phone	
5.7	Website	
5.8	E-mail Address	

6. Attached Documents (to be attached by Applicant)

No.	Document Name	Check if attached
6.1	Company Registration Certificate (copy)	
6.2	Company Regulations (copy)	
6.3	Valid National ID of the Authorised Representative(s) (copy)	
6.4	Tax Clearance Certificate (Not applicable to start ups)	
6.5	SSNIT Clearance Certificate (Not applicable to start ups)	
6.6	Any Other Relevant Document(s)	

7. 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:

8.0 For Administrative use Only

8.1	Customer ID	
8.2	Name of Employee who received the application	
8.3	Date of Creation	
8.4	Date of Last update	
8.5	Applicant Category	

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

Signature/Seal: