# INFORMATION AND COMMUNICATION TECHNOLOGIES AUTHORITY (ICTA)

Level 12, The Celicourt 6, Sir Celicourt Antelme Street Port Louis Mauritius
Tel.: (230) 211 5333/4 Fax: (230) 211 9444 email: icta@intnet.mu


# TARIFF COMPLIANCE FORM

## INSTRUCTIONS

1. **Every public operator shall furnish a detailed list of their services on a bi-annual basis, for the periods ending *30 June & 31 December* respectively, during the course of a given calendar year, as per the requirements of the Tariff Compliance Form.**

2. **The Tariff Compliance Form should be replicated for each telecommunication service highlighting any applicable service lines/ plans/ packages commercialised under each relevant licence, together with the tariffs (both one-off and recurrent charges; VAT exclusive basis) being applied by the public operator.**

3. **Submission of the duly completed Tariff Compliance Form to the Authority shall be effected in both hardcopy and softcopy respectively, <u>not later than one month</u> from the end of the respective compliance periods as defined above.**

## PARTICULARS OF OPERATOR

**NAME OF OPERATOR / REGISTERED BUSINESS NAME:**

**CORRESPONDENCE / REGISTERED BUSINESS ADDRESS:**

**LICENCE NAME & NUMBER:**

## PARTICULARS OF SERVICES AS PER RELEVANT LICENCE

| Name of Service / Service Line / Package / Plan | Tariff (In Rs, VAT excl.) | Date Approved | Date Launched |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## ADDITIONAL DETAILS AS PER APPLICATION

**Please insert additional details regarding the terms and conditions on approved tariffs and any other relevant information as may be appropriate in a separate sheet.**

## DECLARATION

**I certify that the information I have given is true and correct to the best of my knowledge. I agree to comply with any terms, conditions or restrictions which the Information and Communication Technologies Authority may impose and to be bound by the laws and regulations in force.**

**Applicant's Signature:** **Company's Stamp:**

**Signatory's Name:**

**Date:**