



**APPLICATION FORM FOR MOBILE EARTH TRANSCEIVER TERMINAL
(IN THE MOBILE SATELLITE SERVICE) LICENCE (RA16A)**

Please complete in **BLOCK** letters.

Application made on behalf of a body corporate should be signed by a person duly authorised by the body corporate.

SECTION 1: ELIGIBILITY

This form may be filled in by:

- A. Government entities responsible to national security and disaster management;
- B. Diplomatic missions, consulates-general, consulates and regional or international organisation based in Mauritius;
- C. Local or multinational corporations operating in Mauritius, having as an internal policy requirement to hold a Mobile Transceiver Terminal (in a Mobile Satellite Service) strictly for preparedness for disasters of all kinds, emergency usage and ensuring business continuity and recovery plan;
- D. Any person other than the above.

1.1 Please specify the category in respect of which the application is being submitted:

NOTE: All relevant supporting documents should be attached

1.2 Purpose of use:

1.3 Type of licence under this present application

- New Licence, Operation start date
- Amendment to existing licence, please specify licence number
- Renewal of licence, please specify licence number

SECTION 2: PARTICULARS OF APPLICANT

2.1 Name of individual/organization:

2.2 Registered Address:.....

2.3 Details of Applicant

Name of Applicant:	Designation:	Nationality:
ID/Passport No/BRN No:	Date of issue:	Date of expiry: (where applicable)
Mobile No.:	Telephone No.: Fax No.:	Email:

2.4 Details of Contact Person

Name of contact person:	Designation:	Nationality:
ID/Passport No.:	Date of issue:	Date of expiry: (where applicable)
Mobile No.:	Telephone No.: Fax No.:	Email:

SECTION 3: DETAILS OF EQUIPMENT

Make:	Model:
Type of radio apparatus:	
Type Approval Reference Number:	GMPCS Marked: YES / NO
Serial Number:	IMEI Number:
SIM Card Number:	Satellite Phone Number:
Frequency of operation:	

SECTION 4: DETAILS OF SUPPLIER/SERVICE PROVIDER

Name of supplier:		
Address:		
Mobile No.:	Telephone No.: Fax No.:	Email:
Name of service provider:		
Address:		
Mobile No.:	Telephone No.: Fax No.:	Email:

SECTION 5: LOCATION OF EQUIPMENT AND AUTHORISED PERSONS

5.1 Please specify the location where the equipment will be kept:

.....

5.2 List of Authorised Persons to operate the GMPCS terminal

Surname	Name	Organisation	ID/Passport No.	Designation	Contact No.

SECTION 6: DECLARATION BY APPLICANT

Mark doc as:	Information required	Please tick as submitted
DOC A	Photocopy of ID/Passport/BRN of (i) applicant, (ii) contact person and (iii) authorised persons to operate GMPCS terminals	<input type="checkbox"/>
DOC B	Details (copy of ID/Passport) of Ultimate Beneficial Owner of company	<input type="checkbox"/>
DOC C	Duly signed letter from company confirming that the shareholder(s) are the actual beneficial owners of the company	<input type="checkbox"/>
DOC D	A copy of the internal policy requirement to hold a Mobile Transceiver Terminal	<input type="checkbox"/>

I hereby certify that the information provided in this application is to the best of my knowledge true and complete and understand that I may be liable for breaches of the Information and Communication Technologies Act 2001 (as amended) based on the provision of inaccurate information or misdeclarations contained in this application.

In accordance with the ICT Act 2001 (as amended), I accept responsibility for the installation, maintenance and operation of the system if approved.

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.

I confirm that no change will be made in any of the foregoing without prior approval of ICT Authority.

Company's Stamp

Applicant's signature:

Signatory's name:

Designation:

Date: