

FORM E

**REQUEST FOR INTERVENTION BY THE AUTHORITY FOR PURPOSES OF
COORDINATING RADIO FREQUENCY SPECTRUM USE OR RESOLVING
DISPUTES**

(Regulation 13)

INDEPENDENT COMMUNICATIONS AUTHORITY OF SOUTH AFRICA

- Note: (a) Applicants must refer to the Electronic Communications Act, 2005 (Act No. 36 of 2005) ("the Act") and any regulations published under that Act with regard to the requirements to be fulfilled by applicants.*
- (b) Information required in terms of this Form which does not fit into the space provided may be included in an appendix attached to the Form. Each appendix must be numbered with reference to the part of the Form.*

1. PARTICULARS OF LICENCEES	
1.1	Number of Licensees
1.2	Licence number of each Licensee
1.3	Nature of services authorised to be provided in terms of the Licence:
1.4	Expiry date of Licence of each Licensee:
1.5	Date on which coordination agreement , if any, was concluded:
1.6	Date/s on which ADR was attempted:
1.7	Attach a copy of the coordination agreement, if any, marked clearly as Annexure A of FORM E1.

2. PARTICULARS OF LICENSEE/ APPLICANT 1	
2.1	Full name of licensee:
2.2	Designated contact person:
2.3	Licensee's street address:

2.4	Licensee's principal place of business (if different from street address):	
2.5	Licensee's postal address:	
2.6.	Licensee's telephone number/s:	
2.7.	Licensee's telefax number/s:	
2.8.	E-mail address of designated contact person:	

3. PARTICULARS OF LICENSEE OR APPLICANT 2

3.1	Full name of licensee:	
3.2	Designated contact person:	
3.3	Licensee's street address:	
3.4	Licensee's principal place of business (if different from street address):	
3.5	Licensee's postal address:	
2.6.	Licensee's telephone number/s:	
2.7.	Licensee's telefax number/s:	
2.8.	E-mail address of designated contact person:	

4. PARTICULARS OF LICENSEE/APPLICANT 3

4.1	Full name of licensee:	
4.2	Designated contact person:	
4.3	Licensee's street address:	
4.4	Licensee's principal place of business (if different from street address):	
4.5	Licensee's postal address:	
2.6.	Licensee's telephone number/s:	
2.7.	Licensee's telefax number/s:	
2.8.	E-mail address of designated contact person:	

5.	PROPOSED AMENDMENT TO THE LICENCE
5.1	Each applicant must set out the following:.
	<ul style="list-style-type: none"> a. Operator site (coordinates) b. Frequencies in use c. Technology in use d. Power (EIRP) e. Antenna gain f. Height of antennas
5.2	Each applicant must set out the reasons for the dispute and attach the statements of fact supporting the claims, and documented proof of previous attempts to resolve the dispute by negotiation between the parties marked clearly as Annexure A of FORM E2.
5.3	Each applicant must explain the implications (if any) if the dispute is not resolved and propose options for resolution of the coordination issue:

6.	RADIO FREQUENCY SPECTRUM
6.1	Indicate whether the applicants all hold a radio frequency spectrum Licence. If so, provide details thereof and attach a copy of the radio frequency spectrum Licences marked clearly as Annexure A of FORM E3.
6.2	In the event that an amendment to the applicant's radio frequency spectrum Licence is necessary, a separate application to amend the applicant's radio frequency spectrum Licence must be submitted to the Authority in this regard at the same time as this application.

7.	UNDERTAKINGS
7.1	Provide details of undertakings (if any) and other matters which, in the applicants view, the Authority may need to take into consideration:

7.2 Attach a resolution authorising the person signing this application. The resolution must be marked clearly as Annexure A of FORM E4.

The person signing the application on behalf of the applicant must acknowledge as follows:

I acknowledge that the Authority reserves the right to cease intervention should any material statement made herein, at any time, be found to be false..

Signed1.....
 2.....
 3.....

(APPLICANTS)

We certify that this declaration was signed and sworn to before me at
.....on the day of 20..., by the deponent
who acknowledged that he/she:

- knows and understands the contents hereof;
- has no objection to taking the prescribed oath or affirmation; and
- considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS

Name:
Address:
Capacity: