

ANNEXURE A

FORM D

APPLICATION TO COORDINATE AND SHARE SPECTRUM.

Note:

- (a) 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.
- (b) Where any information in this Form does not apply to the applicants, the applicants must indicate that the relevant information is not applicable.

| 1.PARTICULARS OF SPECTRUM LICENCE(S) TO BE SHARED/COORDINATED | |
|--|--|
| 1.1 Licence number: | |
| 1.2 Nature of services authorised to be provided in terms of the Licence: | |
| 1.3 Attach a copy of the Licence(s) that is the subject of this application. The copy of the Licence(s) must be marked clearly as ANNEXURE(S) A of FORM D 1. | |
| | |

| 2.PARTICULARS OF APPLICANTS (1) | |
|---|--|
| 2.1 Full name of the applicant: | |
| 2.2 Designated contact person: | |
| 2.3 Applicant's street address: | |
| 2.3 Applicant's principal place of business (if different from street address): | |
| 2.4 Applicant's postal address: | |
| 2.5 Designated contact person's tel. Number/s: | |

| | |
|---|--|
| 2.6 Designated contact person's telefax number/s: | |
| 2.7 E-mail address of designated contact person: | |

3. PARTICULARS OF APPLICANT (2)

| | |
|---|--|
| 3.1 Full name of applicant: | |
| 3.2 Designated contact person: | |
| 3.3 Applicant's street address: | |
| 3.4 Applicant's principal place of business (if different from street address): | |
| 3.5 Applicant's postal address: | |
| 3.6 Telephone number/s: | |
| 3.7 Telefax number/s: | |
| 3.8 E-mail address of the designated contact person: | |

4. LEGAL FORM OF APPLICANTS

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|---|
| 4.1 Indicate if the Applicant is: |
| (i) a natural person; |
| (ii) a partnership; |
| (iii) a juristic person; or |
| (iv) other (specify) |
| 4.2 If the Applicant is a natural person or a partnership: |
| 4.3 Provide the identity number of the applicant or each partner in Applicant: |
| 4.5 Attach a copy of the identity document(s) of the Applicants or certified copies of the identity document of each partner in applicants marked clearly as Annexure A of FORM D 2 . |
| 4.6 If the Applicant is a juristic person: |
| 4.7 Indicate the legal form of the applicant (e.g. private company incorporated in terms of the Companies Act, 1973): |
| 4.8 Registration number of Applicant: |

4.9 Attach certified copies of the Applicant's certificate of incorporation and memorandum and articles of association or other constitutive and/or other governing documents of the Applicant (e.g. memorandum and articles of association, association agreement and constitution) marked clearly as **ANNEXURE A of FORM D 3**.

5. OWNERSHIP AND MANAGEMENT OF APPLICANTS (To be completed by all applicants)

5.1 Provide details of all ownership interests in the applicant and the identity and address of each holder of an ownership interest in the applicants.

5.2 Indicate whether the applicant is listed on any stock exchange and provide details of any such listing:

5.3 Indicate the extent to which any ownership interest referred to above is held by an historically-disadvantaged person:

5.4 Indicate whether the holder of any ownership interest in the applicant is a foreign citizen or an entity registered or incorporated in any country other than South Africa:

5.5 Indicate whether any person holding an ownership interest in the applicant holds a Licence issued in terms of the Act or holds an ownership interest in any other licensee licensed to provide a service similar to that to which this application relates:

5.6 Provide particulars of any interest held by the applicant in another licensee licensed in terms of the Act:

5.7 Provide details (including name, nationality, identification or passport number, position and address) of each member of the applicant's:

- (iii) board of directors or similar body; and
- (iv) senior management.

6. OWNERSHIP

6.1 Indicate details of ownership and control by historically-disadvantaged persons:

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|---|---|
| 7. COORDINATION AND SHARING PLANS | |
| 7.1 | Provide details of the frequency coordination plan / spectrum sharing strategy marked clearly as ANNEXURE A of FORM D 4: |
| 7.2 | Provide details of how the following will be achieved by the applicants as ANNEXURE A of FORM D 5: (v) Technical efficiency; (vi) Functional efficiency; and (vii) Economic efficiency. |
| 7.3 | Provide separately and mark clearly as ANNEXURE A of FORM D 6 , a copy of the coordination/sharing agreement concluded between the parties. |
| 7.4 | Provide details (including any supporting documentation) of how the sharing and or coordination arrangement will promote the objects set out in sections 2(e), (f), (g), (m) and (n); and meet the requirements set out in section 33(1)(a) – (c) of the Electronic Communications Act, 2005. |
| 8. APPLICANTS' LICENCE OBLIGATIONS | |
| 8.1 | Indicate those obligations of the applicants in terms of the Licence which have been discharged and those which will be assumed jointly, should this application be granted: |
| 9. LICENCE(S) SUBJECT TO SHARING | |
| 9.1 | Indicate if Applicant(s) obtained Licence through: |
| a. First-come, first-served <input type="checkbox"/> b. Auction <input type="checkbox"/> c. Beauty contest <input type="checkbox"/> | |
| Amount paid: R..... | |
| 9.2 | Indicate which Radio Frequency Spectrum is currently licensed to applicants as ANNEXURE A of FORM D 7. |

7. SWORN STATEMENT

11.1 The persons signing the application on behalf of the applicants must acknowledge as follows:

11.1.1 I/we, the applicant(s), acknowledge that the Authority reserves the right to have this application set aside OR the licence withdrawn (if the sharing application was approved), should any material statement made herein, at any time, be found to be false.

.....

Applicant (1)

I 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 herein;
- 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:

Capacity:

Address:

.....

Applicant (2)

I certify that this declaration was signed and sworn to before me at on