

SCHEDULE 2.4

PROVISIONAL TYPE APPROVAL APPLICATION FORM FOR USE IN SOUTH AFRICA

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory fields as denoted by asterisk*

***1. Name and address of Company within the borders of the RSA in whose name the Provisional Type Approval must be granted:**

Name of Company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

_____ Code _____

Postal address: _____

_____ Code: _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No.: (_____) _____ Fax No.: _____

Cell No.: _____

***2 Name and address of the person or company responsible for the payment of the Type Approval fees:**

Name: _____

Address: _____

_____ Code: _____

Contact Person: _____

Email Address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

3. Fill in the table below:

Original Equipment Manufacturer	Equipment Type	Brand name or Make	Model of the Equipment	Serial Number or Unique Number of the Equipment

(If this space the table provided above is insufficient, please attach a separate list)

3.1 Purpose of importing the Equipment: _____

3.2 Number of units to be tested: _____

3.3 Details of the proposed recipients of the units: _____

3.4 Duration of the test/evaluation: _____

3.5 Geographic footprint: _____

4. Submission of Application forms:

4.1 Postal address:

The completed application form and support documentation must be submitted to:

The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa

4.2 Physical address:

Completed application documentation may also be delivered by hand to:

ICASA Head Office
Pin Mill Farm, Block A
164 Katherine Street
SANDTON 2196
South Africa

4.3 Submitted electronically to: TALApplications@icasa.org.za

5. GENERAL CONDITIONS:

The provisional type approval is granted by the Authority without being subjected to the Type Approval process and it is valid for a period of six (6) months.

***6. UNDERTAKING BY APPLICANT:**

6.1 I/We undertake that all equipment on the list attached, are imported or used for the purpose of testing and evaluation / demonstrations in terms of regulation (9) of the Type Approval Regulations.

6.2 I/We accept that the provisional type approval of the aforementioned system / equipment is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the conditions imposed by ICASA from time to time.

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

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

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:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS
 Name:
 Address:
 Capacity: