

SCHEDULE 2.5

SUPPLIER REGISTRATION FORM

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 to complete all the fields.

1. Name and address of company within the borders of the RSA in whose name the registration will be captured:

Name of company: _____

Company Registration Number: _____

Physical Address: _____

_____ **Code:** _____

Postal address: _____

_____ **Code:** _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No: (____) _____

Fax No: (____) _____

Cell No.: _____

2. The applicant must submit a certified copy of the company registration certificate together with the complete registration form.
3. Registration shall only be afforded to South African residents or South African registered entities.

4. Type of equipment to be supplied (e.g. Telephone, 3G Modem, etc.):

4.1 Equipment description:

i. _____

ii. _____

iii. _____

(If this space is insufficient, please attach a separate list)

5. GENERAL CONDITIONS:

5.1 Should the details provide in clause 1 above change, the applicant must furnish the latest updated information to the Authority in terms of regulation (5) of the Type Approval Regulations.

5.2 The registered supplier shall further take note of and adhere to the Type Approval Regulations as published from time to time in the Government Gazette.

6. UNDERTAKING BY APPLICANT:

6.1 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: