**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**](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.**](mailto: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 & Numbering Unit**

**Independent Communications Authority of South Africa (ICASA) Private Bag X10**

**Highveld Park, 0169**

**South Africa**

**4.2 Physical address:**

**Completed application documentation may also be delivered by hand to**

**ICASA Head Office**

**Eco Point Office Park, Block B**

**350 Witch-Hazel Avenue, Eco Point Office Park**

**Eco Park, Centurion**

**South Africa**

**4.3 Submitted electronically to:** [**TALApplications@icasa.org.za**](mailto: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:

PTA\_TDRE\_Rev002 Page **4** of **4**