**SCHEDULE 2.5**

**SUPPLIER REGISTRATION FORM**

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**.

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.**

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**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)

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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:

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