



Form L1B: Application for Class License

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<i>General Instructions</i>				
<i>Natural persons or legal entities applying for Class License to deliver electronic communications services in line with the Licensing Regulations of 2020 should complete this Form.</i>				
1	Applicant Profile (Please complete this section in full)			
1a	Full Name of Applicant			
1b	Permanent Address of Applicant			
1c	Official Contact e-Mail			
1d	Official Contact Phone No.			
2	Proposed Services (please tick all applicable services intended. VSAT service providers will be required to complete Form L1E in addition to this Form)			
2a	Mobile Broadband Internet and Data Services	<input type="checkbox"/>	Fixed Wireless Broadband Internet Services	<input type="checkbox"/>
	VSAT Satellite Communications Services	<input type="checkbox"/>	Public Fixed Wireless Multimedia Services	<input type="checkbox"/>
	Resale of Public Mobile Cellular Network Services (MVNO)	<input type="checkbox"/>	Public Switched Digital Television Services	<input type="checkbox"/>
	Value-Added Resale of Switched Mobile Messaging Services	<input type="checkbox"/>	Resale of International Voice Communication Services (MVNO)	<input type="checkbox"/>
	Public Switched Data Services	<input type="checkbox"/>	Value Added Communication Services	<input type="checkbox"/>
3	Infrastructure Leasing Plan (Please select all applicable infrastructure proposed to be leased from other licensees as part of the proposed investment plan)			
	Communication Tower Co-Location Leasing	<input type="checkbox"/>	Leasing of Wholesale Internet Bandwidth	<input type="checkbox"/>
	Leased Circuits on Mobile Telephone Transmission Networks	<input type="checkbox"/>	Leased Circuit on International voice gateway	<input type="checkbox"/>
	Leased Circuits on Terrestrial Fibre	<input type="checkbox"/>	Data Centre Co-Location Leasing	<input type="checkbox"/>
	Other (Specify) _____	<input type="checkbox"/>	Other (Specify) _____	<input type="checkbox"/>
4	Business Geographical Coverage (Please tick as applicable the applicable coverage of proposed services)			
	Less than 3 Districts	<input type="checkbox"/>	Between 5 and 10 Districts	<input type="checkbox"/>
	Between 10 and 15 Districts	<input type="checkbox"/>	Nationwide Coverage	<input type="checkbox"/>
5	Target Market (Please tick as applicable, the target market for the proposed services)			

	Other Service Resellers and End-Users		Service End-Users Only	
6	Spectrum Resource Uses and Requirements			
6a	<i>Proposed Utilisation of Frequency Spectrum</i>			
	Backhaul Transmission		Distribution and Customer Access	
	Broadcasting		Other (Specify) _____	
6b	<i>Proposed Type (please indicate whether the business will require licensed or unlicensed frequencies. Tick as applicable)</i>			
	Licensed Frequencies		Unlicensed Frequencies	
6c	Please indicate the Frequency Bands required for your network			
	Primary Option Band		Associated Bandwidth	
	Secondary Option Band		Associated Bandwidth	
	Other Option Band		Associated Bandwidth	
6d	<i>Proposed Geography (please indicate the coverage of areas in which radio frequency spectrum assignment is required)</i>			
	Less than 5 Districts		Between 5 and 10 Districts	
	Between 10 and 15 Districts		Nationwide Coverage	
7	Numbering Resource Requirement (Please indicate the volume of numbers required for assignment)			
	1 Million or Less		Up to 2 Million	
	Up to 3 Million		Other (Specify) _____	
8	Other Technical Information (Please provide the additional information requested below in a separate document, and tick the boxes for the information provided)			
8a	Network Design, Technology and Delivery Methodology			
8a(i)	Network design, including proposed network configurations, layers, nodes, connectivity descriptions			
8a(ii)	Types of equipment to be utilised at all levels of the proposed network implementation (including equipment makes, models and specifications)			
8a(iii)	Summary information on the type of technology(ies) to be utilised in the delivery of the proposed services			
8b	Key Personnel (please provide curriculum vitae of the following key personnel separately and tick boxes for the information provided)			
8b(i)	Chief Executive Officer			
8b(ii)	Chief Technical Officer			
8b(iii)	Chief Financial Officer			
8b(iv)	Chief Commercial Officer			
9	Investment Plans (please provide in a separate document, estimates and forecasts of proposed capital outlay for initial investments and the first 5 years of operations)			
9a	Estimated capital investments in initial year of business			
9b	Forecast of additional investments over 5 year period			
10	Proposed Staffing Requirements (please provide in a separate document)			
10a	Schedule of Human Resource requirements (Yr 0 to Yr 1)			
10b	Proposed Staffing Plans (Local vs Expatriate) (Yr 1 to Yr 5)			