



Form L1A: Application for Individual License

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<i>General Instructions</i>			
<i>Natural persons or legal entities applying for an Individual 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)		
2a	Public Switched Fixed Line Telephone Services		Public Fixed Wireless Broadband Internet Services
	Public Cellular Mobile Telephone Services		Public Fixed Wireless Multimedia Services
	Public Switched Integrated Digital Network Services		Leased Circuit Services
	Public Switched Messaging Services		Public Digital Television Spectrum Administration
	Public Switched Data Services		Value Added Communication Services
3	Infrastructure Development Plan (Please select all applicable infrastructure proposed to be developed as part of the proposed investment plan)		
	Communications Towers		Submarine Fibre Optic Cables
	Terrestrial Fibre Optic Cables		International voice gateway
	Broadband internet gateway		Data Centre Co-Location Facility
	Other (Specify) _____		Other (Specify) _____
4	Business Geographical Coverage (Please tick as applicable the applicable coverage of proposed services)		
	Less than 3 Districts		Between 5 and 10 Districts
	Between 10 and 15 Districts		Nationwide Coverage
5	Target Market (Please tick as applicable, the target market for the proposed services)		
	Licensed service providers only		Licensed Service providers, Resellers and End-Users
	Resellers and End-Users		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)			