



COMMUNICATIONS COMMISSION OF KIRIBATI

P.O Box 529, Betio Tarawa Phone: 686-25431 email: enquiry@cck.ki

Schedule 1: Application for an Individual License to Provide Communications Networks and Services

1. APPLICANT DETAILS

1.1 Name and Contact Details			
Full Name of Applicant			
Trading Name of Applicant (if different to above)			
Postal Address			
Principal Business Address in Kiribati			
Telephone Number	Fax	Email	Website
Contact Name	Telephone	Fax	Email

2. COMPANY DETAILS

If the applicant is not an individual, please provide the company registration number and the name(s) and contact details of each of the current directors or any other officers such as chairman, chief executive, managing director, finance director, etc... at the applicant's company or organization.

2.1 Company Details			
Registration Number		Date of Registration	
Name of Officer	Title	Telephone/Mobile	Email

3. BUSINESS PLAN FOR PROPOSED NETWORK AND/OR COMMUNICATION SERVICES (You may also attach a high level business plan to this application)

3.1 List each Proposed Service, Targeted Customer Base, Planned Service Coverage, Projected Annual Gross Revenues			
Service	Target Customer Base	Service Coverage (location (s)+ planned commencement date)	Projected AGR

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3.2 Attach a summary of the résumés of key managerial staff indicating relevant prior experience, qualifications, and other sources of expertise as appropriate.

3.3 If you intend to seek an allocation of numbers from the National Numbering Plan, please indicate the range of numbers you will be seeking.

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4. TECHNICAL PLANS/NETWORK DESIGN

4.1 Provide a summary and diagrams, if applicable, of any proposed network infrastructure that you are planning to put in place within the next three years, including radio based infrastructure. This information may be included as an attachment to this document.

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4.2 If you are planning to use radio frequency spectrum, please attach a copy of your application submitted to the CCK.

5. Declaration

I hereby declare that to the best of my knowledge that the information provided as part of this application is accurate and complete in all respects.

Signature	
Name	
Title	
Date	