



# COMMUNICATIONS COMMISSION OF KIRIBATI

P.O Box 529, Betio Tarawa Phone: 686-25431 email: [enquiry@cck.ki](mailto:enquiry@cck.ki)

## Schedule 3: Class Licence Registration Form

<b>1. Name and address of the Applicant</b>									
Name of Applicant									
Physical Address									
Postal Address									
Name of Contact Person									
Website:			Email:						
Telephone:			Mobile:						
<b>2. Company Information</b>									
Registration number if applicable									
Date of Registration if applicable									
<b>3. Class License</b>									
Name of Class Licence	<input type="checkbox"/>	Internet Cafe	<input type="checkbox"/>	TV Satellite	<input type="checkbox"/>	ISP/WiFi	<input type="checkbox"/>	VOIP/Calling Cards	<input type="checkbox"/>
Physical location									
Target Customer Base									
<b>4. Confirmations (please check boxes below)</b>									
<input type="checkbox"/> The applicant confirms that he or she has read and will comply with any related general licence terms and conditions and the applicable regulatory framework.			<input type="checkbox"/> The applicant confirms that the information provided in this application is complete and accurate.						
Signature of the Applicant									
Date									

CCK-Official	
Registration received date:	Signature: