

APPLICATION FOR FOR COMMUNITY BROADCASTING LICENCE

CA/F/MMS/APL-02

NOVEMBER 2023



. MANDATORY REQUIREMENTS FOR AN APPLICANT

SECTION A: INSTRUCTIONS

- 1. This application should be completed in English and any document in foreign language must be translated into English.
- 2. The application should be accompanied by an affidavit sworn by one of the Directors submitting the documents listed herein in line with the template attached as Annex 1.
- 3. Completed application form should be presented at our offices on Ground Floor, Wing B, CA Centre Waiyaki Way, at the Front Desk where you will be issued with a Payment Instruction Form.
- 4. Payments of fees can be made in by Banker's or Company Cheque at the Cashier's office on ground floor on presentation of the Payment Instruction Form. The Cashier's office is open in the morning between **0900** and **1200** hours and in the afternoon from **1400** to **1600** hours on weekdays (and closed on public holidays).
- 5. Applicants <u>MUST</u> submit a business plan addressing among others <u>ALL</u> issues highlighted in the business plan guideline attached as Annex 2.

	SECTION B: REQUIRED DOCUMENTATION				
I.	Originals of the following documents:				
1.	A covering letter, signed by the applicant, addressed to the Director General (see address below) on Applicant's letterhead.				
	For Government Entities, the Application letter should be by Institution's Chief Executive Officer.				
2.	Original form CR/12 or equivalent from the Registrar of Companies/ relevant ministry listing the directors and shareholders of the organization/entity and details of their nationality and shareholding – (CR/12 or equivalent should not be older than two (2) months from the date of issue) (Note: Government Agencies are exempted from this requirement)				
II.	Clear photocopies of the following documents of the Applicant:				
1.	Copy of Certificate of Incorporation/Business Name/Registration Certificates or equivalent and for other shareholder companies where there is chain ownership in the applicant (Note: Government Agencies are exempted from this requirement)				
2.	 Copy of the relevant documents as listed below: Cooperative Society's By-Laws, Membership Agreement Terms and Conditions, Minutes of its AGM authorizing venture in the service for which the licence is sought; and details of appointed directors or Partnership Deed for business name; or Constitution of the Society Membership Agreement Terms and Conditions and Minutes of its AGM authorizing venture into the service for which the licence is sought; and details of appointed directors 				
3.	Kenyan National Identity Cards (ID) or valid Kenyan passports for all Directors and Shareholders of the Applicant. Both sides of ID should be copied on the same side of an A4 size paper. Copies of passport should include pages showing the nationality, date of issue and expiry, name and photograph of the holder. (Note: Government Agencies are exempted from this requirement)				



4. Valid Tax Compliance Certificate/Tax Exemption Certificate from Kenya Revenue Authority.

SECTION C: APPLICATION AND LICENCE FEE: The table below shows fees payable for the respective licences:						
Broadcast Licence Category	Licence Duratio n (Years)	Application Fee (KShs.) (payable when submitting application form)	Initial Licence Fee (KShs.) (payable after approval and before issuance of licence)	Annual Operating Fee (KShs.) (payable on/or before 1st July of each year)		
Community Free-to-Air Television (on DTT platform) Community Free-to-Air Radio	10	1,000.00	30,000.00	30,000.00 15,000.00		
(on DTT platform) Community FM Radio	10	1,000.00	15,000.00	15,000.00		

Note 1: Frequency fee, in cases where spectrum is utilised, is separately charged in accordance with

the CA Approved frequency fee schedule on an annual basis

Note 2: Applicants for FM radio broadcasting licence MUST complete Application for FM

Frequency Assignment in the Sound Broadcasting Radio Communication Service form

CA/F/FSM/04 for each of the proposed transmission site attached as ANNEX 3



2. APPLICATION ACCEPTANCE SECTION – FOR OFFICIAL USE ONLY

Signature:Date:

No	Application Requirements	Receiving Officer	Checking Officer
1.	Duly signed Cover letter on applicant's letterhead		
2.	Duly completed application form		
3.	Declaration by the applicant with name, designation, signature and date		
4.	Duly executed affidavit submitting copies of the documents (no erasures)		
5.	Business plan for the licence applied for enclosed		
6.	Application fees paid		
Submit a	ill documents using a <u>sworn affidavit</u> while all foreign documents must be notarized .		
No	Application Requirements	Receiving Officer	Checking Officer
	Registration Details of Applicant		
7.	Copy of Certificate of Incorporation/Registration Certificates or equivalent and similar documents for other shareholder companies where there is chain ownership in the applicant. Where the Applicant is a Government Agency/body, a copy of the Act, Gazette Notice or other relevant legal Instrument creating the Agency.		
	Ownership Details of Applicant		
9.	 i) Copy of the <u>current</u> CR/12 or equivalent issued within the last 2 months indicating names of shareholders, their addresses, their nationalities, shares held by each, names of directors and whether directors are nominees or not or whether non shareholder directors. ii) Copy of the <u>current</u> CR/12 or equivalent, issued within the last 2 months for other shareholder companies, where there is chain ownership of the applicant, indicating all the details as above, until all shares are attributed individuals. iii) For Societies, a copy of the minutes of the last AGM or document indicating the officials Identification Documents of owners/Directors (Individuals and Companies) i) Clear Copies of ID for directors and shareholders ii) In case of government officials, submit a gazette notice appointing the officer. Other Requirements 	to	
10.	A copy of the relevant document as listed below to be provided: Society By-Laws or Constitution (immediately prior to submission of Application) and Membership Agreement Terms and Conditions for Societies Partnership Deed for Partnerships		
11.	Copy of Valid Tax Compliance/Exemption Certificate of the Applicant (Not of the owners/Directors)		
The Ro	eceiving and Checking Officers MUST confirm submission of all requirements requirement before accepting and logging an application	by checking a	against each
	Receiving Officer Checking Officer		
	omments: Comments: Name:		

Signature: Date:



3.	NAME OF APPLICANT	
	(In bold capital letters in the order the na	mes appear on Registration Certificate etc)
M/S		
Expl	ain the literal meaning of the name	
4.	APPLICANT'S CONTACTS	
	. Physical Address:	Street/Road
L	R No. Floor	Room
N	ame of Building	
	. Postal Address: . O. Box	Postal Code
P	ost Office Town	
	Phone and Fax Contact:	Fax. No.
N	Mobile(Other Tel. Nos.
4	. Email Address:	
5.	LICENCE DETAILS	
<u>. </u>	LICENCE DETAILS	
Pleas	se identify the commercial free to air broad	casting service being applied for:
5.1.	Tick the category of the broadcasting service you wish to provide (tick only	Community Free To Air Television on DTT platform
	one).	Community Free To Air Radio on DTT platform
		Community FM Radio Licence
5.2.	Provide the name of the area you wish to provide the broadcasting service.	
5.3.	Language(s) of Broadcast	

PROPOSED STATION IDENTITY OF BROADCASTING SERVICE (e.g. Wakenya FM) (attach registration of **trademark certificate** for the station identity)



Exp	olain the literal meaning of t	he name				
6.	OTHER INFORMATION	ON ABOUT THE APPLICANT				
6.1	licensed to provide or open	partners/ directors/ shareholders have a beneficial interest in any other business ate telecommunication and or broadcasting services.	SS			
6.2	* *	on by you been rejected under the Act? (If so give details)				
6.3	Has any previous license details)	granted to you under the Act been cancelled, suspended or modified? (If so give	⁄е			
<i>c</i> 1		ectors or shareholders adjudged bankrupt or has entered into a composition or schem				
0.4	of arrangement with his cr	editors or is of unsound mind, if so please explain.				
	resses, among others, all th	icant shall include a separate document containing its business plan that the elements stipulated in the Business Plan Guideline annexed to the form. Should not be employees of the applicant entity, Ministry of Information	<u>~</u>			
	Communications or the	Authority)				
	following details should t t three (3) years.	e completed by two different and independent referees who have known you for a	ıt			
7.1.	First Referee I certify that the informa	tion given in this form is true and correct to the best of my knowledge				
	Full Name					
		(Block letters as the names appear on the ID/Passport)				
	Postal Address: P. O. Box	Postal Code				
	Post Office Town					
	Phone and Fax Contact: Tel. No. Fax. No.					



Email Address: Occupation Signature 7.2. Second Referee I certify that the information given in this form is true and correct to the best of my knowledge Full Name (Block letters as the names appear on the ID/Passport) Postal Address: P. O. Box Postal Code Post Office Town Phone and Fax Contact: Tel. No. Fax. No. Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name Designation. (the signatory should be accountable and a senior person in the organisation)	Mobile	Other Tel. Nos.
7.2. Second Referee I certify that the information given in this form is true and correct to the best of my knowledge Full Name (Block letters as the names appear on the ID/Passport) Postal Address: P. O. Box Postal Code Post Office Town Phone and Fax Contact: Tel. No. Fax. No. Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name Designation.	Email Address:	
Full Name Glock letters as the names appear on the ID/Passport) Postal Address: P. O. Box Postal Code Post Office Town Phone and Fax Contact: Tel. No. Fax. No. Mobile Other Tel. Nos. Email Address: Occupation Signature Signature	Occupation	Signature
(Block letters as the names appear on the ID/Passport) Postal Address: P. O. Box Postal Code Post Office Town Phone and Fax Contact: Tel. No. Fax. No. Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION L'We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name		nation given in this form is true and correct to the best of my knowledge
Postal Address: P. O. Box Postal Code Post Office Town Phone and Fax Contact: Tel. No. Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION L'We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. L'We also understand that it is an offence under the Penal Code to give false information in support of any application. Name	Full Name	
P. O. Box Postal Code Post Office Town Phone and Fax Contact: Tel. No. Fax. No. Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name		(Block letters as the names appear on the ID/Passport)
Phone and Fax Contact: Tel. No. Fax. No. Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name	Postal Address:	
Phone and Fax Contact: Tel. No Fax. No	P. O. Box	Postal Code
Tel. No Fax. No Mobile Other Tel. Nos Signature Signatu	Post Office Town	
Mobile Other Tel. Nos. Email Address: Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name		
Email Address: Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name	Tel. No.	Fax. No.
Occupation Signature 8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name Designation	Mobile	Other Tel. Nos.
8. DECLARATION I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name	Email Address:	
I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name	Occupation	Signature
I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name		
knowledge. I/We also understand that it is an offence under the Penal Code to give false information in support of any application. Name	8. DECLARATION	
Designation	knowledge. I/We also under any application.	stand that it is an offence under the Penal Code to give false information in support of
	Name	
Signature	Signature	
Date	Date	Company Stamp
9. COMPLETED APPLICATION FORMS SHOULD BE ADDRESSED TO: -	0 COMDIETED ADDIT	CATION FORMS SHOULD BE ADDRESSED TO.

Director General Communications Authority of Kenya CA Centre, Waiyaki Way P. O. Box 14448 Nairobi - 00800

Tel: 254-20- 4242000 Fax: 254-20- 4451866.



BPC COMMENTS Not Recommended Recommended for:

Name:

Designation
Signature:
Date:

		Official Stamp	
Deferments:	:		
CLC#	Reason for deferment	Name & Signature	

Name:

Date:

Signature:



CLC COMMENTS				
Name of Applicant				
Tunio of Applicant				
The applicant MEETS/ DOES NOT MEET the Authority's requirements and is hereby RECOMMENDED/NOT RECOMMENDED for Licensing/Renewal				
Subject To:				
The reasons for not recommending the applicant are as follows: -				
Name:				
Designation Signature				
CLC No Date				



ANNEX 1: TEMPLATE OF AFFIDAVIT TO BE SUBMITTED

REPUBLIC OF KENYA

IN THE MATTER OF OATHS AND STATUTORY DECLARATIONS ACT CHAPTER 15, LAWS OF **KENYA**

<u>AND</u>

IN THE MATTER OF AN APPLICATION FOR LICENSE FROM THE COMMUNICATIONS **AUTHORITY OF KENYA**

AFFIDAVIT

Ι,	of Post Office Box Number
	(Town)(Postcode)do hereby make oath and state as follows:
1.	THAT I am an adult of sound mind and
	osition/ status in the applicant entity) of(name of the applicant) and hence mpetent to swear this Affidavit.
2.	THAT I am a citizen of the and holder of
Na	tional Identity Card No. (or Passport No.)
3.	THAT(name of the applicant) has resolved to make an application to the Authority for a (name of the licence in accordance with the Broadcasting Market Structure) licence.
4.	THAT I have submitted the following copies of our documents in support of the said application:[tick documents for which copies have been provided]
	4.1. Registration and ownership status: 4.1. For an applicant registered under the Companies Act (Cap 486):

- For an applicant registered under the Companies Act (Cap 486):
 - 4.1.1.1. Copy of Certificate of Incorporation
 - An original letter from the Registrar of Companies listing the directors and shareholders of the company and details of their shareholding – Original Form CR/12
 - Attach copy of original CR/12 for other companies which are shareholder of the 4.1.1.3. Applicantuntil all shares are attributed to individuals.
- 4.1.2. Copy of Business Name, or
- 4.1.3. Copy of Registration Certificate etc.
- 4.1.4. If the company is listed in a stock exchange in Kenya, copy of Certificate from Capital Markets Authority (CMA).
- 4.1.5. For any foreign company which is a shareholder of the Applicant attach copies certified by a Notary Public of:
 - Certificate of Incorporation of the foreign company/iesand 4.1.5.1.
 - ShareholderRegister of the foreign company/ies.
- Copies of Kenyan National Identity Cards (ID) or Kenyan/Foreign passports for all 4.1.6. Directors and Shareholders of the Applicant:
 - Both sides of the ID should be copied onto the same side of an A4 size paper, 4.1.6.1.



and

- 4.1.6.2. Passport copies should include pages showing the nationality, date of issue and expiry, name and photograph of holder.
- 4.2. Compliance with Kenya Revenue Authority rules:
 - 4.2.1. Copy of Valid Tax Compliance Certificate.
- 4.3. A business plan relevant to the specific broadcasting market segment whose licence is being sought
- 4.4. A copy of one of the document listed below:

APPLYING ENTITY		REQUISITE CONSTITUTING DOCUMENT		
1.	Non-Governmental Organization (NGOs)	Constitution of the NGO		
2.	Cooperative Society	Cooperative Society's By-Laws		
3.	Partnership	Partnership Deed		
4.	Society	Society's Constitution		

	4.5. Other documents (please list)		
5.	THAT I swear that the documents listed in 4 above are relevant authorities to the applicant.	authentic copies of the original documents	issued by the
6.	THAT this Affidavit is sworn in support oflicense.	(Applicant's name) ap	plication for
7.	THAT what is deponed to herein above is true and with	in my own knowledge.	
S	WORN atby the said)	
Т	hisday ofin the year) (Deponent)))	
В	EFORE ME)	
<u>C</u>	COMMISSIONER FOR OATHS)	
Dr	awn by:		
	(law firm)		
	(physical ad	dress)	
P.	O. Box		
	(town)	(postal code)	



ANNEX 2: BUSINESS PLAN GUIDELINE

Please provide separately a Business Plan ensuring that the following details are included in the sequence provided below. The applicants have to provide separate Business Plans for each license applied for. Any additional information is encouraged.

1. Executive Summary:

Briefly describe your organization/community detailing the objectives, mode of participation by the community (if membership based, attach application form, fee details and current list of members) and the business concept, including summary of services to be provided. Include a profile of the office bearers (name, level of education, businesses involved in and drive in life), if any and mode of appointment of the office bearers. Explain the measures that will be put in place to ensure that the service will be operated on a non- profit basis and how the service will remain a community asset.

2. Details/ profiles of office bearers/officials

Details and profiles of office bearers/officials (name, employment/businesses/activities involved in).

3. Association with CA licensees

Details of association of the business or office bearers/officials with existing CA licensees, if any.

4. Technical Information

Provide the proposed system configuration with block diagrams. Specifically provide details of your studio equipment, studio to transmitter/BSD link and where satellite is used, the name and transponder being used. Please indicate if broadcasting equipment quoted complies with the relevant ITU Recommendations for ITU Region 1. In addition, applicants for radio broadcasting licence <u>MUST</u> provide in a table format the following information for each of the proposed transmission site:

- Name of the proposed main station and repeater stations
- Make and Model of transmitter at each station and the proposed transmitter powers.
- Antenna details including antenna, type, polarization, gain and radiation pattern.
- Proposed antenna site/location name and coordinates (longitude/latitude), height above the sea level, antenna height above the ground level and relative antenna height around 15km radius.

5. Station Programming

Provide your proposed station's programming indicating the proposed hours of broadcasting for each day of the week, a schedule of your programme segments for each day of the week, specific value proposition of your programming format in the proposed coverage area, your own produced programmes and their weekly proportions, any planned external source of programming (local or foreign). Also indicate if regular news services programmes on matters of public interest form part of your programming and how often these will be broadcast. Also indicate the principal sources of news.

6. Market Information

With respect to the proposed coverage area, please provide the rollout plan and a market study report of the area for which the license is sought detailing the current and future needs of that community, and existing similar broadcasting services in the area. Highlight any gaps identified in the market and demonstrate how unique your intended programming is and how you will continue to identify and serve the future needs of its community. Indicate how you intend to gather information about the needs of the community and what steps, if any, has the applicant taken to merge, negotiate some type of co-operative arrangement, with any group that represents a similar community interest in the same licence area.

In addition, explain if and how members of the community will have access to your decision-making process andany measures that will be taken to encourage community access and participation in the day-to-day operations of the proposed service, selection, provision and development of programmes. In addition, also indicate the projected start date of the business and the value proposition if given the licence.

7. Value proposition (unique contribution) to the market

Demonstrate the value proposition (unique contribution) that your intended programming and business is adding to



the market. How it differs from what is existing in the market.

8. Revenue Stream

Provide the anticipated revenue stream from sponsorships and other sources describing how in the provision of the proposed services the business will generate income to sustain its operations and improve the services.

9. Capacity to provide proposed services

Attach evidence of capacity to provide the proposed service, including:

- (a) Evidence of capital (Bank deposits, credit facilities, or bank guarantee)
- (b) Demonstration of technical experience and capability as well as access to technical expertise and experience
- (c) Operational arrangements (Human resource plan, customer service plan support arrangements)
- (d) Projected start date of the business

10. Quality of Service Assurance

Describe how you will ensure provision of quality services, how quality services will be maintained in provision of the proposed services, and the measures that you will put in place to ensure consumer protection. In addition, provide the set of technical related activities that will be implemented to ensure that you provide services to customers' satisfaction.



ANNEX 3: LICENSE CATEGORIES AND ENTITIES THAT CAN OR CANNOT APPLY

Entities that can apply for	Limited Company	Business Names	Cooperative Societies	Community Based Organizations	Non- Governmental Organizations
Community Broadcasting Licence	×	×	√	√	V

Key: $\sqrt{\ }$ - Can Apply \times - Cannot Apply

ANNEX 4: INFORMATION ON THE LICENSING PROCEDURE

1. Submission and Receipt of Licence Application

Submission of an application may be done through the postal system or in person at our office. We encourage you to present you application in person where our receiving officer will check the documents and advice you on any shortcoming.

Once the receiving officer has confirmed that all documentations are in order, you will be requested to pay the application fees. Please retain your original payment receipt.

2. Consideration and approval of application by the Authority

An application, which meets all the licensing requirements, will be processed within **135 days** from the date when all the requirements have been met.

The Authority considers applications on a first-come-first-served basis. Although your application will undergo several internal processes, you will be informed in writing and advised on the way forward in the event that the application is not successful at any stage.

3. Letter of licence offer

If the application is approved, you will be informed in writing (letter of offer) and may also be contacted via phone/email.

The letter of offer is valid for a period of 1 month from the date it is granted and states the initial and annual operating licence fees to be paid before a licence is issued. Please note that the upfront annual operating fees in the offer letter is prorated based on the date of the Offer letter.

4. Operational period

Once you have paid the fees required in the Offer letter, you will be issued with a licence. You will then be required to put the licence into operation within period stipulated in the specific licence.

5. Resources for rolling out the licensed systems or services

After you are issued with a licence, you will be required to apply for type approval of your equipment/s as applicable and utilize resources related to the rollout of your licence as required in the licence.

THE AUTHORITY DOES NOT GUARANTEE AVAILABILITY OF TYPE APPROVAL OF EQUIPMENT



$\frac{ANNEX~5:~APPLICATION~FOR~FREQUENCY~ASSIGNMENT~IN~THE~SOUND~BROADCASTING~RADIO~COMMUNICATION~SERVICE~-~CA/F/FSM/04}{}$

Admi	inistrativ	Serial No		
AUIII	<u> 1111511 AUV</u>	C Details.		
a)	Name of the organisation (or individual)			
		nalityID / PP No		
		address		
		ess telephoneEmail		
		cal location: Road/street Building LR. No		
b)		and postal address of the local supplier (if any)		
	Postal address			
		ess telephoneEmail		
c)		orised broadcasting area		
d)	Name	of person / organisation responsible for payment of bills		
Tran	smitter S	Site Details:		
	i)	Name		
	ii)	LR. No.		
	iii)	Road/Area		
	iv)	Geographical co-ordinates:		
		Latitude: deg min sec(N/S)		
	`	Longitude: degminsec(E).		
	v)	Altitude above sea level (in metres)		
	vi)	Relative height around 15 kilometre radius.		
Tran	smitter E	Equipment Details:		
a)	Equipment and performance characteristics.			
	i)	Name of Manufacturer		
	1)			
		Make		
	::\	Model		
	ii)	Carrier output power.		
	iii)	Effective Radiated Power (dB W)		
	iv)	RF bandwidthkHz RF Filter LossdB		
	v)	KI THEI LOSSUB		
b)	Transmit Antenna Details:			
	i)	Type of antenna		
	ii)	Antenna height above ground level		
	iii)	Relative antenna height around a 15 kilometre radius		
	iv)	Polarization		
	v)	Radiation pattern:		
		a) Omnidirectional: (YES or NO)		
		b) If not omnidirectional provide the following details:		
		1. Azimuth of the main lobe		
		2. Angular beam width of the main lobe at the 3 dB point		
	vi)	2. Angular beam width of the main lobe at the 3 dB point		



	a)	Feeder:				
		i)	Feeder type			
		ii)	Feeder lengthm			
		iii)	Attenuation per metredB			
		iv)	Total feeder lossdB			
2.	Band Pass Filter Details:					
		i)	Name of Manufacturer			
		ii) iii)	Return loss over the frequency range $f_c \pm 100~\text{KHz}.$ Return loss outside the frequency range $f_c \pm 1~\text{MHz}.$ Where $f_c = \text{Centre Frequency}$			
3.	Misc	ellaneous				
		i)	Proposed date of commencement of service			
		eclaration: he above in	aformation is true to the best of my knowledge			
Conta	act persor	1	Designation: Date Signature:			
			Radio Vendor/Local Supplier: Information is true to the best of my knowledge			
Radio	o Vendor					
P.O.	Box					
Date			Signature			
Offic	ial Stamr	1				

