



**APPLICATION
FOR
TO
INSTALL AND OPERATE
PRIVATE VSAT
EARTH TERMINALS
OR
SATELLITE NEWS
GATHERING**

**CA/F/LCS/TL4.4
(FEBRUARY 2021)**

NOT FOR SALE

1. MANDATORY REQUIREMENTS FOR AN APPLICANT

- A:** This application should be completed in English
- B:** the application should be addressed to the Director/Licensing, Compliance and Standards (see *address below*) with a covering letter summarising the profile of the applicant and the licence applied for,
- C:** the application should be accompanied by a sworn affidavit submitting the documents listed therein in line with the template at Annex 1 below,
- D:** the table below shows fees payable for the various licences:

| <i>(fees are non-refundable)</i> | Application Fee <i>(payable when submitting application form TL 4)</i> | Initial Licence Fee <i>(payable after approval and before issuance of licence)</i> | | Annual Operating Fee <i>(payable on/or before 1st July of each year)</i> | |
|--|--|--|---|---|---|
| | | Earth Terminal Fee | Frequency Utilisation Fee | Earth Terminal Fee | Frequency Utilisation Fee |
| Fee per VSAT/SNG Terminal supported by hubs hosted outside Kenya | 1,000/= | N/A | depending on bandwidth and power emitted <i>(see website: www.ca.go.ke for more details)</i> | 100,000/= | depending on bandwidth and power emitted <i>(see website: www.ca.go.ke for more details)</i> |

Payments can be made in Banker's or Company Cheque at the Cashier's office on ground floor at CA Centre. The Cashier's office is open between **0900** and **1200** hours and from **1400** to **1600** hours on weekdays (and closed on public holidays and weekends).

- E:** Diplomatic Missions and Organizations accredited to Kenya may channel their application through the Ministry of Foreign Affairs [*part C: above, is not applicable for such an application*],
- F:** educational and research institutions must attach a letter/Certificate of Registration from the relevant authorities.
- G:** foreign entities not based in Kenya applying for VSAT or SNG licences should notarize all their documents,
- H:** some of the parts in this application form require a technically qualified person to complete. Please request the assistance of your service provider to fill in the required information,
- I:** service providers are required to complete all the technical parts; they are therefore advised to liaise with hub/satellite operator/s to obtain accurate technical information,
- J:** please present a completed application form at our offices on 1st Floor, CA Centre Waiyaki Way, at the Front Desk.

New App

Transfer

Renewal

2. FOR OFFICIAL USE ONLY: APPLICATION ACCEPTANCE SECTION

| NO | APPLICATION REQUIREMENTS | RECEIVING OFFICER | CHECKING OFFICER |
|---|---|-------------------|------------------|
| 1. | Is a covering letter on company letterhead included? | | |
| 2. | Does the letter include the Applicant profile? | | |
| 3. | Is application full completed? | | |
| 4. | Is the application signed, giving Applicant's name and designation? | | |
| 5. | Has the applicant Stamped the application with Company Stamp | | |
| Are the following copies provided and listed on an affidavit sworn by one of the Directors | | | |
| 6. | Certificate of Incorporation/Registration Certificates | | |
| 7. | Is/are original CR/12(s) provided 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? | | |
| 8. | Relevant Authorization from relevant government institutions in case the VSAT is to be used for Filming or Broadcasting or SNG etc. | | |
| 9. | Valid Tax Compliance Certificate | | |
| 10. | Clear Copies of ID for directors and shareholders or notarized passports in case of foreigners. In the case of government officials, submit a gazette notice appointing the officer. | | |

***All foreign passport copies should be certified by a notary public**

| | |
|---|-----------------------------|
| The Receiving and Checking Officers MUST confirm submission of all requirements by checking against each requirement before accepting and logging an application | |
| Receiving Officer | Checking Officer |
| Comments:..... | Comments: |
| Name: | Name: |
| Signature:Date: | Signature:Date: |

3. NAME OF APPLICANT

.....
Literal Meaning of the Entity Name.....
.....

4. APPLICANT'S CONTACTS IN KENYA

1. Physical Address:

Town Street/Road

LR. No. Floor Room

Name of Building

2. Postal Address:

P. O. Box Postal Code

Post Office Town

3. Phone and Fax Contact:

Tel. No. Fax. No.

Mobile Other Tel. Nos.

4. Email Address:

5. INFORMATION ABOUT THE VSAT EARTH STATION

5.1. Use of the VSAT station: (Broadcast transmission, data or/and voice communication, etc)
.....

5.2. In case the VSAT is to be used for a temporary period indicate the period of:

• Entry into service (DD/MMM/YYYY):/...../.....

• Termination of service (DD/MMM/YYYY)/...../.....

5.3. Actual physical location of the VSAT earth station(s) (*in case of a mobile station, indicate areas it will possibly be use*):

Town Street/Road

LR No. Floor Room

Name of Building

(use separate sheet if necessary)

5.4. Points to be linked (*in case of point to multi-points, use a separate sheet*)

- Point A (*in Kenya*)
- Point B.....

5.5. Indicate regular hours of operation in UTC (Co-ordinate Universal Time) per week/per month/per year/other

.....

5.6. Actual or foreseen date of bringing the frequency assignment into use giving the time if possible.

.....

5.7. On urgent matters regarding frequency interference, quality of transmission or out-of-band or spurious emissions and technical operation matters give contacts of the liaison officer

1. Full Name:

2. Postal Address:
P. O. Box Postal Code

Post Office Town

3. Phone and Fax Contact:
Tel. No. Fax. No.

Mobile No. Other Tel. Nos.

4. Email Address:

6. CAPACITY OF THE VSAT EARTH STATION

| SITE NO. | LAND NUMBER THE DISH IS LOCATED (see 5.3 above) | CARRIER FREQUENCY <i>(Give actual spot frequency)</i> | | BIT RATE (Kbps) | | RF BANDWIDTH (MHz) | |
|----------|--|--|---------|--------------------|---------|-----------------------|---------|
| | | TRANSMIT | RECEIVE | TRANSMIT | RECEIVE | TRANSMIT | RECEIVE |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

7. PHYSICAL PARAMETERS OF THE VSAT EARTH STATION

| SITE NO. | GEOGRAPHICAL CO-ORDINATES (° " ') | | ALTITUDE ABOVE SEA LEVEL (in meters) | ANTENNA SHAPE (circular, square etc) AND SURFACE AREA (m ²) |
|----------|--------------------------------------|-----------|---|---|
| | LATITUDE | LONGITUDE | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

8. ANTENNA CHARACTERISTIC (OUTDOOR UNIT)

| Site No. | Isotropic or Absolute Gain in the Direction of Maximum Radiation (dBi) | Beam Width between the Half Power Points (° ” ’) | Minimum Operating Angle of Elevation ¹ (° ” ’) | Planned Range of Operating Azimuth Angles ² (° ” ’) | Mean Altitude above Sea Level (m) | Polarization | | EIRP (dBW) |
|----------|--|--|---|--|-----------------------------------|----------------------|------------------------------------|------------|
| | | | | | | Type of polarization | Direction or Plane of polarization | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |

¹ Give in degrees from the horizontal plane the minimum operating angle of elevation of the antenna in the direction of maximum radiation taking into account possible incline orbit operation associated the space segment.

² Give in degrees, clockwise from True North, the planned range of operating azimuth angle for the direction of maximum radiation taking into account possible inclined orbit operation of the associated space segment

9. TECHNICAL INFORMATION ABOUT PROPOSED VSAT EARTH STATION

a) Modulation Characteristics

On separate sheets, provide information on modulation characteristics for each carrier, including at least the following:

- (i) for Broadcast signal, provide frequency deviation for the reference signal, pre-emphasis characteristics and characteristics of video signal multiplexed with sound signal.
- (ii) In case of carrier-shift modulated digital signal, indicate bit rate and the number of phases.
- (iii) In case of amplitude modulated carrier including SSB indicated the nature of modulating signal and the kind of AM used.
- (iv) For all other types of modulation provide information useful for interference study.
- (v) For any type of modulation, indicate characteristics of energy dispersal such as the peak-to-peak frequency deviation (MHz) and/or energy dispersal waveform.

b) Attach related diagrams (network, site maps, etc)

10. INDOOR UNIT

(State what terminal equipment or customer premise equipment (CPE) may be connected to the network and to what standards they conform)

11. INFORMATION ABOUT THE SERVICE PROVIDER

11.1. Name of Service Provider

.....
(e.g. Telkom Kenya Ltd, British Telecom, etc)

11.2. Postal Address:

P. O. Box Postal Code

Post Office Town

11.3. Phone and Fax Contact:

Tel. No. Fax. No.

Mobile Other Tel. Nos.

11.4. Email Address:

12. INFORMATION ABOUT THE HUB OPERATOR

12.1. Full Name

12.2. Postal Address:

P. O. Box Postal Code

Post Office Town

Zip Code

Street Name

Country

12.3. Phone and Fax Contact:

Tel. No. Fax. No.

Mobile Other Tel. Nos.

12.4. Email Address:

13. INFORMATION ABOUT THE SATELLITE

13.1. Name of Satellite Operator

13.2. Name of the Satellite to be used for the service.....

13.3. Identity of the Satellite.....

13.4. Orbital location.

13.5. The beam (footprint) by geographical location (°)

13.6. Name of any international party with which the use of the frequency has been co-ordinate.

13.7. Full Name

13.8. Postal Address:

P. O. Box Postal Code

Post Office Town

13.9. Phone and Fax Contact:

Tel. No. Fax. No.

Mobile Other Tel. Nos.

13.10. Email Address:

13. 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.....

Signature.....

Date.....Company Stamp.....

14. COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO: -

**Director/ Licensing, Compliance and Standards
Communications Authority of Kenya
1st Floor, CA Centre, Waiyaki Way
P. O. Box 14448
Nairobi - 00800
Tel: 254-20- 4242000/070304000/0736121515/121414
Fax: 254-20- 4242430**

FOR OFFICIAL USE ONLY

CLC Deferment Section:

| CLC# | Reason for deferment | Name & Signature |
|------|----------------------|------------------|
| | | |
| | | |

CLC COMMENTS

Name of Applicant:.....

The applicant **MEETS/ DOES NOT MEET** the Authority's requirements and is hereby **RECOMMENDED/NOT RECOMMENDED** for

.....
 for Licensing/Renewal/Upgrade/Transfer as

.....

Subject To:

.....
 The reasons for not recommending the applicant are as follows: -

.....
 Name:.....

Designation..... Signature.....

CLC No..... Date.....

BD STATUS

| | |
|--|---|
| <p>Not Approved <input type="checkbox"/></p> <p>Comments:</p> <p>.....</p> | <p>Approved <input type="checkbox"/></p> <p>On (Date):</p> <p>Meeting Ref:</p> <p>BD Ext. Date:</p> |
| <p>Completed by:</p> | <p>Signature:</p> <p>Date:</p> |

ANNEX 1: TEMPLATE OF THE AFFIDAVIT TO BE SUBMITTED

REPUBLIC OF KENYA

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

AND

IN THE MATTER OF AN APPLICATION FOR LICENCE FROM THE
COMMUNICATIONS AUTHORITY OF KENYA

AFFIDAVIT

I, _____ 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 _____

(*position/ status in the applicant entity*) of _____
(*name of the applicant*) and hence competent to swear this Affidavit.

2. THAT I am a citizen of the _____ and holder of

National Identity Card No. (or Passport No.) _____ .

3. THAT _____ (*name of the applicant*)
has resolved to make an application to the Authority for the construction and
operations of private VSAT Earth Station/s licence.

4. THAT I have submitted the following copies of our documents in support of the said
application:

4.1. Registration and ownership status:

4.1.1. copy of Certificate of Incorporation,

4.1.2. copy of Business Name, or

4.1.3. copy of Registration Certificate etc.

4.1.4. Original CR/12(s) provided 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

4.2. copies of Kenyan National Identity Cards (ID) or Kenyan/Foreign passports
for all the Directors of the Applicant:

4.2.1. Both sides of the ID should be copied onto the same side of an A4 size
paper, and

4.2.2. Passport copies should include pages showing the nationality, date of issue and expiry, name and photograph of holder.

4.3. Authorization from Kenya Film Commission, where the VSAT is to be used for filming

4.4. Broadcast License, where VSAT is to be use for Broadcasting services

4.5. Compliance with Kenya Revenue Authority rules: Copy of Valid Tax Compliance Certificate.

4.6. Technical information about the VSAT earth station/s as detailed at part 9 of this forms (see above).

5. THAT I swear that the documents listed in 4 above are authentic copies of the original documents issued by the relevant authorities to the applicant.

6. THAT this Affidavit is sworn in support of _____
(Applicant's name) application for private VSAT Eart Station/s licence.

7. THAT what is deponed to herein above is true and within my own knowledge.

SWORN at _____(location))
))
by the said (Name of applicant))
))
_____)
) *(Deponent)*
This _____ day of _____ in the year _____)
))
BEFORE ME)
))
COMMISSIONER FOR OATHS

Drawn by:

_____ *(law firm)*

_____ *(physical address)*

P. O. Box _____

_____ *(town)*

_____ *(postal code)*