



1. NAME OF APPLICANT

2. APPLICANT'S CONTACTS IN KENYA

2.1 Physical Address:

Town _____ Street/Road _____

LR. No. _____ Floor _____ Room _____

Name of Building _____

2.2 Postal Address:

P. O. Box _____ Postal Code _____

Post Office Town _____

2.3 Phone and Fax Contact:

Tel. No. _____ Fax. No. _____

Mobile _____ Other Tel. _____ Nos. _____

2.4 Email Address: _____

3. TECHNICAL DETAILS

3.1 Frequency band and type of service proposed.....

3.2 Number of stations:

(a)

Fixed.....

Location

Area.....

(b) Mobile

Portable

(c) Capacity of decoder in case of alarm networks

Maximum radial distance of operation.....

4. DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Application for authority to establish and operate a radio communication network
CCK/F/FSM/01

This application shall be accompanied by:-

- (a) A letter stating the purposes for which the network is required
- (b) A brief description of the proposed network with a diagram showing locations for the Radio stations and aerial distances between them.
- (c) Payment of a non-refundable application fee of KShs 1,000.00.
- (d) A sworn affidavit submitting the documents listed below (a template of the affidavit is attached as Annex 1):
- (e) Copies of:-
 - (i) Certificate of Incorporation/Registration Certificate .
 - (ii) Valid business licence/Certificate.
 - iii) Supporting documents for the works being carried out in case of construction companies.
 - (iv) Company P.I.N. Certificate
 - (v) Tax Compliance Certificate
 - (vi) Working Permit for Foreign Directors residing in Kenya.
 - vii) CR 12 for all Service Providers
 - viii) Copies of Kenyan National Identity Cards (ID) or Kenyan/Foreign passports for all Directors and Shareholders of the Applicant: Both sides of the ID should be copied onto the same side of an A4 size paper, and Passport copies should include pages showing the nationality, date of issue and expiry, name and photograph of holder.

Signature of Applicant:.....

Designation:.....

Date Official Stamp

Note:

- A:** Diplomatic Missions and Organizations accredited to Kenya may channel their application through the Ministry of Foreign Affairs [*part (e): above, is not applicable for such an application*].
- B:** Foreign entities not based in Kenya applying for Private Radio Network Licenses should notarize all their documents [*part 4(d): above, is not applicable for such an application*].
- C:** Some 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.

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5. FOR OFFICIAL USE ONLY:APPLICATION ACCEPTANCE

Name of Company/Organization:

NO	APPLICATION REQUIREMENTS	RECEIVING OFFICER	CHECKING OFFICER
1.	Is a covering letter on company letterhead included?		
2.	Is the application duly completed?		
3.	Is the application signed, giving applicant's name and designation?		
4.	Is application fee paid?		
5.	Government clearance		
The following copies of documents should be listed on an affidavit sworn by one of the Directors unless the applicant is excepted			
6.	Certificate of Incorporation/Registration Certificates		
7.	Valid Business licence/certificate		
8.	Valid Tax Compliance Certificate		
9.	ID/passport copies of Directors		
10.	Supporting Documents for works being carried out in case of construction firms		
11.	Company P.I.N. Certificate		
12.	Working Permit for Foreign Directors residing in Kenya		
13.	Original CR/12 provided for Service Providers		

Legend: C = Complied NC= Not Complied N/A= Not Applicable

APPLIED NETWORK CONFIGURATION.....

The Receiving Officer MUST tick ALL the boxes above before accepting and logging an application.

Receiving Officer's Comments:

Receiving Officer's Name:

Signature: **Date:**

The Checking Officer MUST tick ALL the boxes above before recommending the application for further consideration.

Checking Officer's Comments:

Checking Officer's Name:

Signature: **Date:**

ANNEX 1

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 LICENSE FROM THE
COMMUNICATIONS COMMISSION 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 Commission for a
_____ (*name of the licence in accordance
with the Commission's Market Structure*) 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. For an applicant registered under the Companies Act (Cap 486):
 - 4.1.1.1.Copy of Certificate of Incorporation
 - 4.1.1.2.For Service Providers, Original CR/12 provided.
 - 4.1.2. Copy of Business Name, or
 - 4.1.3. Copy of Registration Certificate etc.
 - 4.1.4. Copies of Kenyan National Identity Cards (ID) or Kenyan/Foreign

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passports for all Directors and Shareholders of the Applicant:

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

4.1.4.2. Passport copies including pages showing the nationality, date of
issue and expiry, name and photograph of holder.

4.1.4.3. Working Permit for Foreign Directors (if the Directors are not
Kenyan Citizens and are residing in the country)

4.2. Compliance with Kenya Revenue Authority rules:

4.2.1. Copy of Personal Identification Number (PIN) card, and

4.2.2. Copy of Valid Tax Compliance Certificate.

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 _____ license.

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

SWORN at _____ by the said)
)
 _____)
) (*Deponent*)

This _____ day of _____ in the)
year _____)

BEFORE ME)
)
)
)

COMMISSIONER FOR OATHS)

Drawn by:

_____ (*law firm*)

_____ (*physical address*)

P. O. Box _____ (*town*) _____

(*postal code*) _____
