

Montserrat

Info-Communications (Applications and Forms) Rules, 2011

S.R.O. 38 of 2011

FORM G

[Rule 6]

**APPLICATION FOR REGISTRATION OF A TERMINAL
EQUIPMENT DEALER UNDER THE INFO-COMMUNICATIONS
DEVELOPMENT ACT 2009**

Type of Application

- New Application
- Renewal

Name of Applicant: _____

Info-Communications Authority of Montserrat
P.O Box 165, St. Peters
Montserrat

Telephone Number: 1 (664) 491-3789 Fax Number: 1 (664) 491-3789

Email: xxxxxx@xxxxxxxxxx Website: www.xxxxxxxxxxx

PART I – APPLICANT

1.1 Contact Details

1.1.1 Name and Business Address of Applicant

1.1.2 Contact Person _____

1.1.3 Telephone _____

1.1.4 Fax _____

1.1.5 E-mail _____

1.1.6 Web Address _____

1.21 Business Details

1.2.1 Type of Business of Applicant

Sole Trader Limited Liability Company

Partnership Public Liability Company

Other _____

1.2.2 Name under which applicant proposes to trade

1.2.3 If newly established business, please provide date by
which operations are to commence.

1.2.4 Please state the nature of your business

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2. PART II - TECHNICAL DETAILS OF EQUIPMENT

2.1 Types of equipment to be supplied:

- Cellular Telephones;
- Cordless Telephones;
- Fax Machines;
- GSM Telephones;
- Mobile Radios;
- Modems;
- Wireless Remote Devices;
- PABXs (including Small Business Systems and Key Systems);
- Pagers;
- Radio Transmitters;
- Satellite Earth Stations;
- Telecommunications Switching Equipment;
- Telephone Instruments;
- Telex Equipment;

- Any other customer premises equipment to be attached to any part of a licensed telecommunications network (*please provide details below*)

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2.2 Specification of Equipment

Equipment	1	2	3	4	5
Type of Equip					
Manufacturer					
Serial No.					
Model No.					
Year of Manufacture					
Certification Body and ID No.					

2.3 Please indicate whether your company has been in receipt of any certificates designating it as a supplier of equipment

Certification	Issuing Authority	Relevant Standard

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<p>2.4 Please state the geographical areas in which you intend to trade</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>2.5 Please state office addresses of these geographical locations</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>3. PART III - SUPPLEMENTARY DOCUMENTATION</p> <p>Documents submitted:</p> <ul style="list-style-type: none"><input type="checkbox"/> Photographs or product brochures showing the appearance of the equipment;<input type="checkbox"/> Certified copies of any other relevant certificates<input type="checkbox"/> Copy of customer agreement contract (if applicable);<input type="checkbox"/> Certified copy of Certificate of Business Name Registration or Certificate of Incorporation		

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4. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare that the information provided in this application is correct and accurate to the best of my knowledge. I acknowledge and agree that submitting this application pursuant to the Info-Communications Act 2009 means that registration is granted on the condition that the requirements of the Act are fulfilled

Name of Applicant _____

Signature _____

Date _____

Where this application is made on behalf of a company,
please affix company seal hereunder:-