



Schedule 4A: Application Form 1A (Type Approval)

Form 1A: Application for Type Approval							
<i>General Instructions</i>							
<i>Natural persons or legal entities applying for Type Approval of RTTE should complete this Form. A separate form should be completed for each Equipment</i>							
1	Nature of Applicant (Please tick as applicable)						
1a	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Individual</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">Private Company</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">Non-Profit Organisation</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Individual	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Non-Profit Organisation	<input type="checkbox"/>
Individual	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Non-Profit Organisation	<input type="checkbox"/>		
2	Official Contact Details						
2a	Full Name of Official Contact						
2b	Contact Phone Number						
2c	Contact e-Mail Address						
3	Applicant Details						
3a	Name of Applicant						
3b	Permanent Address						
3c	Telephone No.						
3d	Mobile No. (if different)						
3e	Official e-Mail Address						
4	Equipment Description and Specifications						
4a	Technical Name of Equipment						
4b	Network Purpose and Description of Equipment Uses						

4c	Equipment Specifications			
i	Manufacturer/Trade Name			
ii	Type			
iii	Model			
iv	Country of Manufacture/Assembly			
v	Year of Manufacture			
vi	RF Channel Spacing			
vii	Operating Frequency Range			
5	Standards and Compliance			
5a	Does the equipment have any Test Certificates or Compliance Standards (Please tick as applicable)	Y		N
5b	If Yes to 5a, please provide the following			
	<i>Test Certificate No</i>	<i>Issuing Body</i>	<i>Relevant Standards</i>	
6	Required Documents (please tick applicable document(s) attached to this application)			
	Certificate of Registration (<i>For companies</i>)		ID Document (<i>Passport, Driver's License, Voter ID, National ID - Individuals</i>)	
	Legal Registration Document (<i>Other types of Organisations</i>)		GST Registration Certificate	
	Evidence of Fee Payment		Other relevant document(s)	
7	Undertaking			
I/We [----- please insert full name of applicant-----] hereby certify that, to the best of my/our knowledge, the information contained in this application form is true in all respects. I/We hereby give an undertaking that, upon a grant of a type approval, I/We shall abide by these Regulations, the guidelines and any terms and conditions upon which the type approval is granted. I/We accept that the type approval may be revoked, and the appropriate penalty applied if it is established that I/We have been granted the type approval based on incorrect information.				
Full Name				
Signature		Date		