

INSPECTION FORM

COMPANY	Hedge Electronics			License Type	Licensing Of Broadcasting Station.(T.V.)		
TOWN	Nairobi	Street	Utalii	Building	Utalii House	Floor	
TEL	+254 02 492798	Mobile		Fax		EMail	info@hedge.
ADDRESS	79419			Contact Person			
Inspection ordered By:				Date of Inspection			

COMPANY	Hedge Electronics			License Type	Licensing Of Broadcasting Station.(T.V.)		
TOWN	Nairobi	Street	Utalii	Building	Utalii House	Floor	
TEL	+254 02 492798	Mobile		Fax		EEmail	info@hedge.
ADDRESS	79419			Contact Person			
Inspection ordered By:				Date of Inspection			

Purpose Of Inspection

null

Findings

Remarks

CCK INSPECTION TEAM			COMPANY REPRESENTATIVE(S)		
Name	Sign	Date	Name	Sign	Date

COMPANY	Hedge Electronics			License Type	Licensing Of Broadcasting Station.(T.V.)		
TOWN	Nairobi	Street	Utalii	Building	Utalii House	Floor	
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CCK INSPECTION TEAM			COMPANY REPRESENTATIVE(S)		
Name	Sign	Date	Name	Sign	Date

COMPANY	testdsfdsf			License Type	Application Service Provider		
TOWN	nbi	Street		Building	null	Floor	
TEL	null	Mobile		Fax		EMail	
ADDRESS				Contact Person			
Inspection ordered By:				Date of Inspection			

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CCK INSPECTION TEAM			COMPANY REPRESENTATIVE(S)		
Name	Sign	Date	Name	Sign	Date

COMPANY	test89			License Type	Application Service Provider		
TOWN	nbi	Street		Building	null	Floor	
TEL	null	Mobile		Fax		EMail	
ADDRESS				Contact Person			
Inspection ordered By:				Date of Inspection			

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Findings

Remarks

CCK INSPECTION TEAM			COMPANY REPRESENTATIVE(S)		
Name	Sign	Date	Name	Sign	Date

COMPANY	test89			License Type	Telecommunications Technical Personnel		
TOWN	nbi	Street		Building	null	Floor	
TEL	null	Mobile		Fax		EMail	
ADDRESS				Contact Person			
Inspection ordered By:				Date of Inspection			

Purpose Of Inspection

test

Findings

Remarks

CCK INSPECTION TEAM			COMPANY REPRESENTATIVE(S)		
Name	Sign	Date	Name	Sign	Date

COMPANY	test89			License Type	Telecommunications Technical Personnel		
TOWN	nbi	Street		Building	null	Floor	
TEL	null	Mobile		Fax		EMail	
ADDRESS				Contact Person			
Inspection ordered By:				Date of Inspection			

Purpose Of Inspection

test

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CCK INSPECTION TEAM			COMPANY REPRESENTATIVE(S)		
Name	Sign	Date	Name	Sign	Date

COMPANY	test89			License Type	Application Service Provider		
TOWN	nbi	Street		Building	null	Floor	
TEL	null	Mobile		Fax		EMail	
ADDRESS				Contact Person			
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