

FORM 1

STANDARD TERMS AND CONDITIONS

FOR ECS, ECNS AND BS

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act, Regulations Regarding Standard Terms and Conditions for Class and Individual license and Specific terms and conditions contained in the licence issued to a Broadcasting Service Licensee.

This Form should be submitted annually in accordance with the Authority's Financial Year.

General Information

1. Licence information

Name of Licensee	
Licence/s held	
Date submitted	
Period under review	

2. Commencement date (to be provided in first year of operations only):

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3. Organisation status (tick one column below)

<input type="checkbox"/> Profit Company (specify type in terms of section 8 of the Companies Act, 71 of 2008)	<input type="checkbox"/> Not for Profit Company
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3.1 Accounting Officer/ Auditor & Contact Details

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4. Licensee Contact details

Name of Contact Person	
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Designation		Cell phone	
Telephone		Fax	
Email		Web address	

5. Information about Ownership

Licensee	% Foreign Ownership	% Local Ownership	% HDI	% Woman-owned	% Disabled

6. Information about Shareholders

Shareholders	Total Shareholding (%)	% HDI	% Woman-owned	% Disabled
1.				
2.				
3.				
4.				

7. Information about Directors

Names of Directors	Citizenship	Race	Gender
1.			
2.			
3.			
4.			

8. Information about Staff

Staff category	Local (SA Citizens)							Expatriates	
	African	Indian	Coloured	White	Male	Female	People with Disabilities	Male	Female
Technical									
Non-technical									
Management									
Non-management									
Interns									
Total									

9. Skills Development and Training (BS only)

The licensee is required to provide information on its Skills Development and Training Initiatives in all aspects of broadcasting including management, on-air presentation, news gathering and production, technical, sales, marketing and advertising.

10. Licence Area (ECNS and BS)

Area specified in the Licence	Actual area covered
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The licensee is required to provide information in a spatial format relating to its coverage area by submitting GPS coordinates of existing transmitter sites or points of presence in a spreadsheet as an attachment to this form, or as a suitable Vector or Raster based GIS file. The information must be accompanied by a map showing the specified/required coverage area and the actual/current coverage area

11. Hours of operations (BS only)

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12. I,, in my capacity as hereby verify that the information provided is true and correct.

13. Signature

Signature			
Designation		Date	