

TELECOMMUNICATIONS AUTHORITY OF FIJI

Level 1, 76 Gordon Street, Suva.

G.P.O Box 13413, Suva, Fiji Island

Phone: (679) 3310105 Fax: (679) 3310110 www.taf.org.fj email: contact@taf.org.fj

Application Form for Assign or Transfer of License

TAF 2007

No	Information	Further description	Information concerning Application
1	Name of Licensee		
2	Date of Licence Expiration		
3	Date of Application		
4	Name of Applicant	If different from Licensee	
5	Address of Applicant	Street address	
		Postal address	
6	Contact details of Applicant	Telephone/Mobile	
		Business Fax	
		Email address	
7	Name of Transferee		
8	Address of Transferee	Street address	
		Postal address	
9	Contact details of Transferee	Telephone/Mobile	
		Business Fax	
		Email address	
10	Payment of fee	Yes or No – if applicable	
11	Directors of Applicant (if company)	Names and addresses of current directors	
		Names and addresses of new directors	
12	Shareholding Structure (if company)	Names of shareholders holding more than 5% of shares held, and the number and percentage of shares existed before the date of this application	

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		Names of new shareholders holding more than 5% of shares held, and the number and percentage of shares	
13	Assigned or Transferred Instrument	State what provision(s) of the license to be transferred	
14	Acknowledgement of receipt of application (for official use)	Date and reference	
15	Received by authorised officer of the Authority (for official use)	Signature	
		Name and Position	
		Date	