

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 Equipment Type Approval

TAF 2001

No	Information	Further description	Information concerning Applicant
1	Name of Applicant	Individual, Company, Agent, Other (specify)	
2	Status of Applicant	Individual, Company, Agent, Other (specify)	
3	Date and place of incorporation	If a company, agent, other (specify)	
4	Registered address	If a company, agent, other (specify)	
5	Address of Applicant	Street address	
		Postal address	
6	Contact details of Applicant	Name	
		Telephone / Mobile No.	
		Business Fax No.	
		Email address	
7	Contact person (if other than the Applicant)	Name	
		Telephone / Mobile No.	
		Business Fax No.	
		Email address	
8	Technical requirements	Detail description of technical information of equipment including: All technical documentations of equipment in soft/hard copy Power of attorney from equipment manufacturer to TA agent Declaration of equipment conformity to international standards Certificate of equipment conformity to such standards Equipment test reports from FCC or CE	

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		<p>or Australia or ITU recognized test laboratories</p> <p>Type approval certifications from Australia and/or New Zealand, FCC and/or CE</p>	
9	Payment of application fee	<p>Details of payment and amount to the below information:</p> <p>Account name: <u>CONSOLIDATED FUND ACCOUNT - TAF</u></p> <p>Account number: <u>7709554</u></p> <p>Bank Name: <u>Bank South Pacific</u></p> <p>Bank Address: <u>PACIFIC HOUSE BRANCH, SUVA FIJI</u></p> <p>SWIFT Code: <u>BSOPFJFJ</u></p> <p>BSB Number: <u>069-002</u></p> <p>Fees: outlined on schedule of fees</p>	
10	Signed with signatory's name and position	Enter details	
11	Date of Application	Enter date	
12	Acknowledgement of receipt of application (for official use)	Date and reference	
13	Received by authorised officer of the Authority (for official use)	Signature	
		Name and Position	
		Date	