

## NATIONAL COMMUNICATIONS AUTHORITY (NCA), GHANA

## Customer Registration Form Government/Diplomatic Missions NCA FORM AP01A

\*This should be completed by Government/Diplomatic Missions doing business with the Authority for the first time\*

Date:	
	(Submission Date)

## Application Checklist. Tick (x) in box

- A completed application form
- Copy of Statutory Document establishing the Institution (Eg. Act of Parliament / Legislative Instrument, etc.) where applicable
- Letter from Ministry of Foreign Affairs (applicable to Diplomatic Missions)

## **Customer Registration Form -**Government/Diplomatic Missions \*This should be completed by Government/Diplomatic Missions doing business with the Authority for the first time\*

1.0 Administrative Information (to be filled by Applicant)				
1.1	Establishment Name			
1.2	Nationality			
1.3	Establishment Act			
1.4	Physical Location / Registered Office			
1.5	Street Name/Number			
1.6	Country	MM//		
1.7	Region			
1.8	District			
1.9	Town/City			
1.10	Postal Address			
1.11	Digital Address (GhanaPost GPS)			
1.12	Telephone			
1.13	Mobile Phone			
1.14	Website			
1.15	E-Mail Address			
1.16	Fax (where applicable)			
1.17	Date of Creation	For Administrative Use Only		
1.18	Date of Last update	For Administrative Use Only		
1.19	Applicant Category	For Administrative Use Only		

	2.0 Technical Contact- person to be contacted on Technical/Engineering issues (to be filled by Applicant)		
2.1	Title		
2.2	Position		
2.3	First Name		
2.4	Middle Name		
2.5	Surname		
2.6	Telephone		
2.7	Mobile Phone		
2.8	Website		

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.1	Title	
3.2	Position	
3.3	First Name	
3.4	Middle Name	
3.5	Surname	
3.6	Telephone	
3.7	Mobile Phone	WWW.
3.8	Website	
3.9	E-mail Address	
4.0	AUTHORISED REPRESENTATIVE- Per	son authorised to sign documents and apply for
	services (to be filled by Applicant)	
4.1	First Name	
4.2	Middle Name	
4.3	Surname	
4.5	Telephone	
4.6	Mobile Phone	
4.7	Website	
4.8	E-mail Address	
5.0	Attached Documents (to be attached	by Applicant)
No.	Document Name	Check if attached
5.1	Establishment Act (copy)	
5.2	Any Other Relevant Document(s)	
c 0	Coming Applied for ( )	
	Service Applied for (to be attached by Appl	icant)
6.1		
6.2		
6.3		

2.9

E-mail Address

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7.0	7.0 Undertaking:					
I/We						
Date	of Submission:// dd / mm/ yy	Signature of Authorised Representative/Seal:				
		A 11.4.7.5.				
8.0	For Administrative use Only	I IVI (/A)				
8.1	Customer ID					
8.2	Name of Employee who received the application					
Dated	ofApplicationreceipt:/ dd / mm/ yy	Signature/Seal:				

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