

FORM M

LICENCE EXEMPTION SERVICES AND NETWORKS (Regulation 13)

INDEPENDENT COMMUNICATIONS AUTHORITY OF SOUTH AFRICA

- Note: (a) Registrant must refer to the Electronic Communications Act, 2005 (Act No. 36 of 2005) ("the Act") and any regulations published under that Act with regard to the requirements to be fulfilled by applicants.
- (b) Information required in terms of this Form which does not fit into the space provided may be included in an appendix attached to the Form. Each appendix must be numbered with reference to the relevant part of the Form.
- (c) Where any information in this Form does not apply to the registrant, the registrant must indicate that the relevant information is not applicable.

1. PARTICULARS OF REGISTRANT	
1.1 Full name of registrant:	ZENZELENI TELECOMMUNICATIONS NETWORK PRIMARY CO-OPERATIVE LIMITED T/A ZENZELENI NETWORK
1.2 Designated contact person:	MASIBULELE SIYA
1.3 Registrant's street address:	MANKOSI ADMINISTRATIVE AREA WARD 26, NYANDENI LOCAL MUNICIPALITY EASTERN CAPE
1.4 Registrant's principal place of business (if different from street address):	AS ABOVE
1.5 Registrant's postal address:	AS ABOVE
1.6 Registrant's telephone number/s:	073 374 9728
1.7 Registrant's telefax number/s:	N/A
1.8 E-mail address of designated contact person:	jaysiya26@gmail.com

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2. LEGAL FORM OF REGISTRANT	
2.1 Indicate if the registrant is:	
(i) a natural person	
(ii) a partnership	
(iii) a juristic person	X
(iv) other (specify)	
2.2 If the registrant is a natural person or a partnership:	
2.2.1 Provide the identity number of the registrant or each partner in the registrant:	N/A.
2.2.2 If the registrant is a juristic person:	
Provide certificate of incorporation	
PLEASE REFER TO APPENDIX 2.2.2 OF FORM M.	

3. NATURE OF SERVICES TO BE AUTHORISED	
3.1 Indicate if the service to be provided is:	
(i) an electronic communications network service	X
(ii) an electronic communications service	X
3.2 Indicate the form of licence exemption being sought with reference to the categories of licence exemption as set out in the Licence Exemption Regulations.	
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	SECTION 7 - NON-PROFIT CO-OPERATIVE
3.3 Provide the description of the service, the manner in which it is to be provided and provide a detailed explanation of the purpose for which the service is to be provided.	
THE REGISTRANT WISHES TO INSTALL AND OPERATE ACCESS POINTS/HOTSPOTS WITHIN THE NYANDENI LOCAL MUNICIPALITY WITH A VIEW TO PROVIDING VOICE AND DATA SERVICES TO MEMBERS OF THE CO-OPERATIVE. THE REGISTRANT WOULD UTILISE THE WHOLESALE ECS AND ECNS OF UPSTREAM PROVIDERS AND WOULD OPERATE ON A NON-PROFIT/COST RECOVERY BASIS. PLEASE REFER TO APPENDIX 3.3 OF FORM M FOR FURTHER DETAIL IN THIS REGARD.	
3.4 Indicate the geographic area in which the service is to be provided:	
THE MANKOSI ADMINISTRATIVE AREA. PLEASE REFER TO APPENDIX 3.4 FOR FURTHER DETAIL IN THIS REGARD.	

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4. RADIO FREQUENCY SPECTRUM

4.1 Indicate if the registrant holds any radio frequency spectrum licence in respect of radio frequency spectrum to be utilised for the purpose of providing the services for which authorisation is sought in terms of this registration. Attach a copy of any such radio frequency spectrum licence marked clearly as **Appendix 4.1 of FORM M**:

THE REGISTRANT WILL INITIALLY MAKE USE OF LICENCE EXEMPT FREQUENCY SPECTRUM IN THE 2.4 ISM AND 5.8 GHZ OUTDOOR HIPERLAN BAND. THE REGISTRANT MAY SEEK TO OBTAIN LICENSED FREQUENCY SPECTRUM IN A SUITABLE BAND (2.1, 2.3, 2.6, 3.5, 5 GHZ) WHEN SAME BECOMES AVAILABLE FOR LOCAL OR REGIONAL ALLOCATIONS.

4.2 Indicate if the registrant has submitted or intends to submit an application for a temporary radio frequency spectrum licence for the provision of the services to which this registration relates. Furthermore, indicate the frequency band which is proposed to be utilised for the purpose of providing the service:

N/A.

5. GENERAL

Attach a resolution authorising the person signing this registration to sign and mark it clearly as **Appendix 5 of FORM M**.

PLEASE REFER TO APPENDIX 5 OF FORM M.

The person signing the registration on behalf of the applicant must acknowledge as follows:
 I acknowledge that the Authority reserves the right to have any authorisation issued pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed 
 (APPLICANT)

I certify that this declaration was signed and sworn to before me at COFFEE BAY on the 09 day of April 2014 by the deponent who acknowledged that he/she:

1. knows and understands the contents hereof;
2. has no objection to taking the prescribed oath or affirmation; and
3. considers this oath or affirmation to be truthful and binding on his/her conscience.



COMMISSIONER OF OATHS
 Name: MS. MGINDI
 Address:
 Capacity:

SOUTH AFRICAN POLICE SERVICES
 SUPPORT HEAD
 09-04-2014
 SIGN: COFFEE BAY SAPS

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