



ESWATINI  
COMMUNICATIONS  
COMMISSION

Sibekelo Building  
4th Floor, North Wing  
Mhlambanyatsi Road  
P.O. Box 7811,  
Mbabane, H100  
Tel: +268 2406 7000  
Email: [info@esccom.org.sz](mailto:info@esccom.org.sz)  
Website: [www.esccom.org.sz](http://www.esccom.org.sz)

## APPLICATION FOR A POSTAL OR COURIER LICENCE

### 1. GENERAL INSTRUCTIONS

- Please read carefully the instructions contained in this form before completing it.
- Filing options: all documents submitted together with this application form may be scanned and emailed or hand delivered to the commission.

1.1. The application form shall be completed in English.

1.2. The application form shall be completed in **BLOCK** letters and where no response is applicable or necessary, please insert N/A.

1.3. The completed application form shall be returned to the Eswatini Communications Commission with the relevant supporting documents listed below. Copies of the following documents of the applicant company;

- a) Certified Certificate of Incorporation;
- b) Certified first three (3) pages of the Memorandum and Articles of Association;
- c) Certified Form J;
- d) Certified Form C;
- e) Certified National Identity Documents for Directors & Shareholders;
- f) Business profile;
- g) Business plan (new business);
- h) Proof of payment of the application fee;
- i) Proof of Financial Capacity being in the form of:
  - i. Audited Financial Statements for the past three (3) years for applicants who have been in operation for more than three (3) years; or
  - ii. Management Accounts prepared by a certified accountant for applicants who have been in operation for less than three (3) years; or
  - iii. Three (3) year financial projections for a new business.
- j) Resolution of the Board of Directors of the applicant authorising the application and appointing the person authorised to sign the application;
- k) Existing postal and courier businesses shall submit a declaration signed by an authorised company representative stating that the postal or courier business is an existing one and has been operating as such for a minimum of twelve (12) months

## 2. TYPE OF LICENCE APPLIED FOR

- DESIGNATED POSTAL OPERATOR
- DOMESTIC COMMERCIAL COURIER
- INTERNATIONAL COMMERCIAL COURIER (INCLUDES DOMESTIC COMMERCIAL)

## 3. DETAILS OF APPLICANT

COMPANY NAME:

TRADING STYLE:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

REGISTERED OFFICE ADDRESS:

TEL:

EMAIL ADDRESS:

## 4. CONTACT PERSON

NAME:

DESIGNATION:

TEL:

EMAIL ADDRESS:

## 5. DECLARATION

I/We declare that to the best of my/our knowledge the above-mentioned information given in this application form and attachments are true and correct.

I/We understand that this application, if found incomplete in any respect and/or if found with conditional compliance or not accompanied with the processing fee, shall be summarily rejected.

I/We understand that the processing fee is non-refundable irrespective of whether or not the licence is granted to me.

I/We understand that all matters relating to the application or licence if granted will be subject to the jurisdiction of Courts in Eswatini.

I/We understand that if at any time or information furnished for obtaining the licence is found incorrect, my application shall be rejected and any licence granted on the basis of this application shall be revoked/cancelled.

**SIGNATURE:**

**NAME OF SIGNATORY:**

**DESIGNATION:**

**DATE:**

## 6. SUBMISSION

**EMAIL ADDRESS:**

[info@esccom.org.sz](mailto:info@esccom.org.sz)  
[legal@esccom.org.sz](mailto:legal@esccom.org.sz)

**PHYSICAL ADDRESS:**

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