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APPLICATION FOR POINT TO MULTI-POINT FIXED LINKS LICENCE

1. APPLICANT:

Name: _____

Postal address: _____

Physical address: _____

Tel: _____ Fax: _____

Email address: _____

2. CONTACT PERSON:

Name: _____

Designation: _____

Email address: _____

Tel: _____ Cell: _____ Fax: _____

3. GENERAL INSTRUCTIONS

- (a) Point to Point Fixed Link Licence will only be issued to companies/organisations registered in Eswatini, owning or intending to install fixed wireless link within the territory of Eswatini. Proof of company registration must be attached to this application.
- (b) The application form must be completed for new and renewal applications for fixed wireless links.
- (c) The proposed radio equipment must be type-approved by the Commission. Failure to acquire or provide proof of type-approval may render your application unacceptable.
- (d) Complete all questions in block letters, and where not applicable insert N/A. Further critical details on the equipment and/or system should be attached on a separate sheet of paper if enough space has not been provided in the form.
- (e) Assistance may be sought from your radio dealer in completing the questions on the technical aspects of the radio systems.
- (f) The completed application form should be returned with all the relevant supporting documentation to the Eswatini Communications Commission.
- (g) Award of the Point to Point Fixed Link License is subject to payment of license application fee and annual license fee that the Commission shall prescribe in the spectrum fee schedule.

4. SERVICE DETAILS

(NB: PLEASE FILL THIS SECTION FOR EACH AND EVERY PROPOSED MULTICAST LINK)

Give full description of what the radio system will be used for:

.....
.....

Please indicate which frequency band you prefer.

2 GHz	<input type="checkbox"/>	4GHz	<input type="checkbox"/>	5GHz	<input type="checkbox"/>	Lower 6GHz	<input type="checkbox"/>	Upper 6GHz	<input type="checkbox"/>		
Lower 7GHz	<input type="checkbox"/>	Upper 7GHz	<input type="checkbox"/>	8GHz	<input type="checkbox"/>	10.5GHz	<input type="checkbox"/>	11GHz	<input type="checkbox"/>	13 GHz	<input type="checkbox"/>
15GHz	<input type="checkbox"/>	18GHz	<input type="checkbox"/>	23GHz	<input type="checkbox"/>	26GHz	<input type="checkbox"/>	28GHz	<input type="checkbox"/>	32GHz	<input type="checkbox"/>
38 GHz	<input type="checkbox"/>										

If appropriate, please specify the tuning range of the equipment.

Lower Frequency: Upper Frequency:

Please (Tick ✓) indicate the preferred polarization:

Vertical Horizontal Co-Channel (dual)

Please state the estimated length of each path:

1. Km
2. Km
3. Km
4. Km
5. Km
6. Km
7. Km
8. Km
9. Km

BASE (Tx) STATION

Site Name:

Coordinates: Lat (°): Long (°):

Elevation:

Equipment Details:

Make:

Model:

Type Approval Number:

Equipment Serial No:

Tx Freq (MHz):

Rx Freq (MHz):

Output Power (W):

Total Pre-set Channels:

Bandwidth (kHz):

Tx Channel Separation (MHz):

Rx Sensitivity (dBm):

Rx Selectivity (dB):

Tx Emission Class:

Rx Emission Class:

Modulation Type:

Antenna Height AGL:

Indicate Transmit High or Low:

Antenna Make:

Antenna Model:

Antenna Polarization:

Type Approval Code:

Directivity:

Beam-width Horizontal (deg.):	.....
Beam-width Vertical (deg.):	.....
Antenna Type:	.....
Antenna Max Gain (dB):	.....
Feeder Loss dB:	.....
Any other Loss:	.....

(NB: PLEASE FILL THIS SECTION FOR EACH AND EVERY RECEIVER STATION)

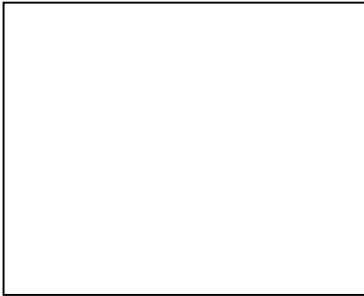
RECEIVER (Rx) STATION	
Site Name:	.....
Coordinates:	Lat (°): Long (°):
Elevation:	.....
Equipment Details:	
Make:	.....
Model:	.....
Type Approval Number:	.....
Equipment Serial No:	.....
Lower Freq (MHz):	.....
Upper Freq (MHz):	.....
Output Power (W):	.....
Total Pre-set Channels:	.....
Bandwidth (kHz):	.....
Tx Channel Separation (MHz):	.....
Rx Sensitivity (dBm):	.....
Rx Selectivity (dB):	.....
Tx Emission Class:	.....

Rx Emission Class:	.....
Modulation Type:	.....
Antenna Height AGL:	.....
Indicate Transmit High or Low:	.....
Antenna Make:	.....
Antenna Model:	.....
Antenna Polarization:	.....
Type Approval Code:	.....
Directivity:	.....
Beam-width Horizontal (deg.):	.....
Beam-width Vertical (deg.):
Antenna Type:
Antenna Max Gain (dB):
Feeder Loss dB:
Any other Loss:

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5. DECLARATION: I / We declare that:

1. To the best of my/our knowledge the above-mentioned information given in this application form is true and correct.
2. The Point- to – Point Fixed Link(s) stated in this application form will be used only for the purpose specified in the application.



Applicant/organization/
Agent's Stamp

SIGNATURE OF APPLICANT / AGENT: _____

NAME OF SIGNATORY: _____

DESIGNATION: _____

DATE: _____

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