

.....
.....

12. Date of Purchase:.....

13. Contact Name:
.....
.....

14. Dealer's Licence No:.....

15. Telephone No:.....

16. Facsimile No:.....

17. Dealer's Address:
.....
.....

PART B: TECHNICAL INFORMATION

Station Information

18. Location:
.....
.....

19. Address:
.....
.....

Paging Equipment Information

20. Is the Equipment type-approved? Yes No
If No, Please call the Telecommunications Unit.

21. Total No. of Pagers:.....

22. List of associated Paging equipment:

Manufacturer	Serial No.	Power	Type of Emission

PART C:

DECLARATION OF APPLICANT

To: The Ministry responsible for Telecommunications

*I/We hereby declare that the information and particulars given by *me/us in this form and in the documents submitted are to the best of *my/our knowledge true and correct.

* Delete whichever is not required.

Signature:.....

Name (block letters):.....

Position held:.....

Date:.....