



MWEB AFRICA - REPRESENTATIVE APPLICATION

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REPRESENTATIVE APPLICATION

Applicant's Name:

Date:

1. Applicant Details:

1.1 Applicant Information

1.1.1 Legal Entity Name:

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1.1.2 Trading Name if different from Registered Name:

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1.1.3 Registration details of the Legal Entity:

Registration Number	
City & Country of Registration	

1.1.4 Full names and surnames of any directors, owners, partners or shareholders:

Name	Position	% Ownership

1.2 Applicant Contact Details

1.2.1 Addresses:

Business Postal Address:

Business Physical Address:

1.2.2 Primary Contact Details:

Title:
Name:
Telephone:
Fax:
E-mail:
Mobile:

1.3 Staff complement, including number of sales staff

Designation	No. of Staff	Training, and Experience
Management		
Technical Support		
Network Operations Centre		
Call Centre		
Sales		

1.4 Provide a brief overview of the services you currently offer:

2. Licensing

2.1 Do you currently install and / or support any VSAT, DSTV or other satellite television, IT or Telecommunications systems or networks?

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If Yes, provide brief description:

2.2 Do you currently have access to a license/s that will govern the provision of VSAT services in your proposed territory?

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If Yes, what type of license/s:

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3. Territory

What Proposed Territory is application being made for?

Country/ies

Town(s)/City(ies)/Region(s):

