

The following licensees did not submit information as requested. These licensees are reminded of section 93 (6) of the ECA and are requested to submit outstanding information by no later than 18 July 2008. **Licensees who do not submit information as requested do so at their own risk.**

1. DATAPRO
2. DIRECTEL
3. INTEGRAT
4. JC BROADBAND SERVICES
5. NEXOR
6. NEWAGE HOLDINGS
7. NETAWK
8. ORIC TELECOMS
9. ORION TELECOM
10. POSIX SYSTEMS
11. SMARTEL COMMUNICATIONS
12. POST OFFICE
13. STORM TELECOMS
14. AMOBIA
15. XTRANET INTERNET SERVICES CC
16. ZENSHO TELECOMS
17. MTN SOLUTIONS
18. MTN
19. NEOTEL

**Matters to be considered by Licensees**

1. These specific terms and conditions must be read with the standard terms and conditions published in November 2007.
2. Numbers reflected in the licences have not been subjected to Section 68(7) (a),
3. There is no parity in ECS licences-this is not a deliberate creation of the Authority. However, parity will be sought in terms of Section 10 post the conversion process,
4. Obligations incurred in terms of frequency allocations will be inserted in the ECNS licences,
5. VANS licensees who did not meet the 30% HDI ownership must provide audited financial information from 2006-2007,
6. Cell C and Transnet have opted to transfer their VANS licences, accordingly their licences are excluded in this Gazette.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**24-7 Online**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## **1. LICENSEE**

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | 24-7 Online   |
| 1.2 Shareholders (where applicable):  | 24-7 Online (Pty) Ltd   |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | M Armstrong and Powerrec (Pty) Ltd<br>(licensee must provide further details) |

## **2. CONTACT DETAILS**

1.1 The contact person for the Licensee shall be:

Name: Marthie Armstrong  
Tel: (021) 913-5537  
Fax: (021) 913-8277  
Cell: 0781964161  
Email: marthie@24-7online.co.za

1.2 Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## **3. NOTICES AND ADDRESSES**

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 4900         | P O Box 4900           |
| Tyger Valley         | Tyger Valley           |
| 7536                 | 7536                   |

## SCHEDULE

**1. Name of the Service:**

24-7 Online

**2. Geographic Coverage**

Western Cape, Eastern Cape and Gauteng Provinces

**3. Range of Numbers from the national numbering plan:**

087 910 000 to 087 910 0999.

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Amobia Communications (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Amobia Communications (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

**1. Name of the Service:**

Amobia

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

Licensee to confirm.

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Ariviakom (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | Ariviakom (Pty) Ltd                                     |
| 1.2 Shareholders (where applicable):  | Eskom enterprises (Pty) Ltd 58,5%<br>Transnet Ltd 41,5% |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | N/A   |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                            |
|---------------|----------------------------|
| 2.1.1. Name:  | Billy Schmidt              |
| 2.1.2. Tel:   | 011 203 0473               |
| 2.1.3. Fax:   | 011 203 0508               |
| 2.1.4. Cell:  | 083 400 7976               |
| 2.1.5. Email: | billy.schmidt@arivia.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                             |
|----------------------|-----------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:      |
| P O Box 8142         | Ulwazi Park                 |
| Halfway House        | 505 15 <sup>th</sup> Street |
| 1685                 | Randjespark                 |
|                      | Midrand                     |

## SCHEDULE

**1. Name of the Service:**

Arivia.kom

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

None

**4. Obligations**

4 N/A
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**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Autopage Cellular (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

Licence is issued to:

- |   |                             |
|---|-----------------------------|
| 1.1 Name of Company/Entity:   | Autopage Cellular (Pty) Ltd |
| 1.2 Shareholders (where applicable):  | Licensee to submit details  |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Licensee to submit details  |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Licensee to submit details
- 2.1.2. Tel:
- 2.1.3. Fax:
- 2.1.4. Cell:
- 2.1.5. Email:

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                            |                        |
|----------------------------|------------------------|
| 3.1. Postal Address:       | 3.2. Physical Address: |
| Licensee to submit details |                        |

## **SCHEDULE**

**1. Name of the Service:**

**Altech Autopage**

**2. Geographic Coverage**

**National**

**3. Range of Numbers from the national numbering plan:**

**Licensee to confirm**

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**BNR Consulting cc**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: BNR Consulting cc  
Nicola Smith 23.75%,  
Bruce John Gie 23.75% ,
- 1.2 Shareholders (where applicable): Ryan Gavin Goss 23.75%,  
Roshan Kreesan Pillay 5%  
Darren Anthony Bredford 23,75%
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): Nicola Smith 23.75% ,  
Rossan Kreeesan Pillay 5%

## 2. CONTACT DETAILS

2.1 The contact person for the Licensee shall be:

- 2.2.1. Name: Nicola Smith  
2.2.2. Tel: 086 111 2871  
2.2.3. Fax: 086 681 6304  
2.2.4. Cell: 083 292 3903  
2.2.5. Email: Nicola@aerosat.co.za

2.3. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 34579        | 33 A Worraker Street   |
| Newton Park          | Newton Park            |
| Port Elizabeth       | Port Elizabeth         |
| 6055                 | 6045                   |

## SCHEDULE

**1. Name of the Service:**

Aerosat

**2. Geographic Coverage**

Eastern Cape

**3. Range of Numbers from the national numbering plan:**

087 675 0000 to 087 675 2999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Broadlands Networks SA (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                                  |
|---|----------------------------------|
| 1.1 Name of Company/Entity:   | Broadlands Networks SA (Pty) Ltd |
| 1.2 Shareholders (where applicable):  | Licensee to submit details       |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Licensee to submit details       |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                            |
|---------------|----------------------------|
| 2.1.1. Name:  | Licensee to submit details |
| 2.1.2. Tel:   |                            |
| 2.1.3. Fax:   |                            |
| 2.1.4. Cell:  |                            |
| 2.1.5. Email: |                            |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                            |                        |
|----------------------------|------------------------|
| 3.1. Postal Address:       | 3.2. Physical Address: |
| Licensee to submit details |                        |

## SCHEDULE

**1. Name of the Service:**

Broadlands Networks

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

Licensee to submit details

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**BT Limited**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: BT Limited (South African branch)
- 1.2 Shareholders (where applicable): BT Holdings
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): 0%

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Stephen Grant
- 2.1.2. Tel:
- 2.1.3. Fax: 011 709 0918
- 2.1.4. Cell: 011 807 1798
- 2.1.5. Email: stephen.m.grant@bt.com

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address:  
Private Bag x203  
Bryanston  
2021
- 3.2. Physical Address:  
1<sup>st</sup> floor Culross Court North  
16 Culross Road  
Bryanston  
2021

## SCHEDULE

**(1) Name of the Service:**

BT South Africa

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 920 0000 to 087 920 4999

**4. Obligation**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Business Connexion (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Business Connexion (Pty) Ltd   |
| 1.2 Shareholders (where applicable):  | Business Connexion Group Limited and<br>Gadlex(Pty) Ltd<br>(licensee to provide further details) |
| 1.3. Ownership held by persons from<br>historically disadvantaged groups<br>(where applicable): | Gadlex(Pty) Ltd 25,01%<br>(licensee to provide further details)                                  |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                       |
|---------------|-----------------------|
| 2.1.1. Name:  | Alex Letter           |
| 2.1.2. Tel:   | 011 256 0562          |
| 2.1.3. Fax:   | 011 256 0539          |
| 2.1.4. Cell:  | 082 820 4775          |
| 2.1.5. Email: | Alex.letter@bcx.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| Private Bag x 48     | Waterfall Park         |
| Halfway House        | Bekker Street          |
| 1685                 | Midrand                |

## SCHEDULE

**1. Name of the Service:**

Business Connexion

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 925 0000 to 087 925 2999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Cheap Calls cc**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Cheap Calls cc<br>Roisin O'Connell-Hussey                |
| 1.2 Shareholders (where applicable):  | Betty Mafura-Shoko (licensee to provide further details) |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | (licensee to provide further details)                    |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |  |
|---------------|--|
| 2.1.1. Name:  | Betty Mafura-Shoko   |
| 2.1.2. Tel:   | 011 447 2927   |
| 2.1.3. Fax:   | 086 503 7139   |
| 2.1.4. Cell:  | 083 371 9707   |
| 2.1.5. Email: | <a href="mailto:info@cheapcalls.co.za">info@cheapcalls.co.za</a> |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 995          | 216 Benmore Gardens    |
| Northlands           | Shopping Complex       |
| 2116                 | 2010                   |

## SCHEDULE

**1. Name of Service:**

Cheap Calls cc

**2. Geographical Coverage**

National

**3. Range of Number from the National Numbering Plan:**

087 800 1000 to 087 800 1999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**CMC Networks (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: CMC Networks (Pty) Ltd  
Grant Walker 96 %
- 1.2 Shareholders (where applicable): Aleks Rudy 1.2%  
Geoff Dornan 0,09%  
H Majola 0.06%  
P Ndlovu 0.06%
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): M Wagner 0,07%  
E Phago 0,03%  
P Mape 0,04%
- (licensee to provide HDI in relation to 1.2 above)

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Anton Starling
- 2.1.2. Tel: 011 517 8400
- 2.1.3. Fax: 011 517 8406
- 2.1.4. Cell: 082 926 0493
- 2.1.5. Email: anton@cmcnetworks.net

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: P O Box 784125  
Sandton  
2146
- 3.2. Physical Address: 4 B Naivasha Road  
Sunninghill Park  
Sandton

## SCHEDULE

**1. Name of the Service:**

CMC Networks

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 825 0000 to 087 825 1999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Connection Telecom (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Connection Telecom (Pty) Ltd<br>Fast Communication Systems (Pty) Ltd<br>30%                        |
| 1.2 Shareholders (where applicable):  | Yaron Assabi 45%<br>Robert Neil Lith 12,5%<br>Stephen Davies 12,5%                                 |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | African Renaissance<br>Kgabo Enterprises<br>Thero Setiloane<br>Licensee to provide further details |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |  |
|---------------|--|
| 2.1.1. Name:  | Robert Lith  |
| 2.1.2. Tel:   | 021 657 5160   |
| 2.1.3. Fax:   | 021 657 5161   |
| 2.1.4. Cell:  | 082 389 3332   |
| 2.1.5. Email: | <a href="mailto:rob@connection-telecom.com">rob@connection-telecom.com</a> |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                              |
|----------------------|------------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:       |
| P O Box 30359        | No 5 Ibis Park Bell Crescent |
| Tokai                | Westlake Business Park       |
| 7966                 | Tokai                        |
|                      | 7966                         |

## SCHEDULE

**1. Name of the Service:**

Connection Telecom

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

087 820 0000 to 087 820 2999

**5 Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**CyberSmart (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | CyberSmart (Pty) Ltd<br>Laurie Fialkov 56%                        |
| 1.2 Shareholders (where applicable):  | Dave Johnstone 10;5%<br>Shaun Courtney 3,5%<br>Midnight Feast 30% |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Midnight Feast 30%  |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                         |
|---------------|-------------------------|
| 2.1.1. Name:  | Laurie Fialkov          |
| 2.1.2. Tel:   | 021 460 0402            |
| 2.1.3. Fax:   | 021 461 0015            |
| 2.1.4. Cell:  | 083 275 0616            |
| 2.1.5. Email: | laurie@cybersmart.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 50718        | 72 Canterbury Street   |
| Waterfront           | District 6             |
| 8002                 | Zonnebloem             |
| Cape Town            |                        |

## SCHEDULE

**1. Name of the Service:**

Cybersmart

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 625 0000 to 087 625 9999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Datapro (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Datapro (Pty) Ltd
- 1.2 Shareholders (where applicable): Licensee to provide details
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): Licensee to provide details

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Licensee to provide details
  - 2.1.2. Tel: Licensee to provide details
  - 2.1.3. Fax: Licensee to provide details
  - 2.1.4. Cell: Licensee to provide details
  - 2.1.5. Email: Licensee to provide details
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: Licensee to provide details
  - 3.2. Physical Address: Licensee to provide details
- Licensee to provide details
- Licensee to provide details

## SCHEDULE

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Directel (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                            |
|---|----------------------------|
| 1.1 Name of Company/Entity:   | Directel (Pty) Ltd         |
| 1.2 Shareholders (where applicable):  | Licensee to submit details |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Licensee to submit details |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                            |
|---------------|----------------------------|
| 2.1.1. Name:  | Licensee to submit details |
| 2.1.2. Tel:   |                            |
| 2.1.3. Fax:   |                            |
| 2.1.4. Cell:  |                            |
| 2.1.5. Email: |                            |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                            |                        |
|----------------------------|------------------------|
| 3.1. Postal Address:       | 3.2. Physical Address: |
| Licensee to submit details |                        |

## SCHEDULE

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**ECN Telecommunications (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

1.1 Name of Company/Entity:	ECN Telecommunications (Pty) Ltd
	J. Ashburner 4.180%
	P Glyn 4.180%
1.2 Shareholders (where applicable):	J. Holdsworth 45.480%
	LA Group Investments (Pty) Ltd 37.080%
	J. Macdonald 3.950 %
	Openshaw Investments (Pty) Ltd 5.110%
1.3. Ownership held by persons from historically disadvantaged groups (where applicable):	LA Group Investments (Pty) Ltd 37.080% (details of LA Group Investments must be provided)

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Jeremy Macdonald
- 2.1.2. Tel: 087 940 4000
- 2.1.3. Fax: 087 940 4001
- 2.1.4. Cell: 082 314 4177
- 2.1.5. Email: [Jeremy@ecntelecoms.com](mailto:Jeremy@ecntelecoms.com)

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

3.1. Postal Address:  
PO Box 1893  
Saxonwold  
2132

3.2. Physical Address:  
1<sup>st</sup> Floor Rosebank Terrace North  
23-25 Sturdee Ave  
Rosebank  
Johannesburg

## SCHEDULE

**1. Name of the Service:**

ECN

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

087 940 0000 – 087 941 4999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Fixtrade 1641 cc**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                                  |
|---|----------------------------------|
| 1.1 Name of Company/Entity:   | Fixtrade 1641 cc                 |
| 1.2 Shareholders (where applicable):  | Paul Black 59%<br>Kim Clarke 41% |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Kim Clarke 41%                   |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                   |
|---------------|-------------------|
| 2.1.1. Name:  | Paul Black        |
| 2.1.2. Tel:   | 021 529 0462      |
| 2.1.3. Fax:   | 086 627 4901      |
| 2.1.4. Cell:  | 082 435 5940      |
| 2.1.5. Email: | Paulb@debarco.com |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                           |
|----------------------|---------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:    |
| P O Box 1087         | 107 Natalie Bougan Villas |
| Milnerton            | Century Boulevard         |
| 7435                 | Century City              |
|                      | 7411                      |

## SCHEDULE

**1 Name of the Service:**

Debarco International

**2 Geographic Coverage:**

National

**3 Range of Numbers from the national numbering plan:**

087 760 0000 to 087 760 9999

**4 Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Frogfoot Networks CC**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

**1. LICENSEE**

The Licence is issued to:

- 1.1 Name of Company/Entity: Frogfoot Networks CC
- 1.2 Shareholders (where applicable): Licensee to submit details
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): Licensee to submit details

**2. CONTACT DETAILS**

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Licensee to submit details
  - 2.1.2. Tel:
  - 2.1.3. Fax:
  - 2.1.4. Cell:
  - 2.1.5. Email:
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

**3. NOTICES AND ADDRESSES**

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: Licensee to submit details
- 3.2. Physical Address: Licensee to submit details

## SCHEDULE

1 **Name of the Service:**

2 **Geographic Coverage:**

3 **Range of Numbers from the national numbering plan:**

4 **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**i**

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Gateway Communications (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | Gateway Communications (Pty) Ltd<br>Gateway Communications International Ltd<br>54% |
| 1.2 Shareholders (where applicable):  | Batsalani Communications (Pty) Ltd 31%<br>Management and Employee Share Trust 15%   |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Batsalani Communications (Pty) Ltd 31%<br>(licensee to provide further details)     |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                               |
|---------------|-------------------------------|
| 2.1.1. Name:  | Mr Daddy Bujitu               |
| 2.1.2. Tel:   | 011 797 3340                  |
| 2.1.3. Fax:   | 011 797 3363                  |
| 2.1.4. Cell:  | 072 410 2060                  |
| 2.1.5. Email: | Daddy.bujitu@gatewaycomms.com |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                           |
|----------------------|---------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:    |
| P O Box 12           | 12 Harrowdene Office Park |
| The Woodlands        | Western Service Road      |
| 2080                 | Woodmead                  |
|                      | Johannesburg              |

## SCHEDULE

**1. Name of the Service:**

Gateway

**2. Geographic Coverage:**

National

**3. Range of Numbers from the National Numbering Plan:**

087 790 0000 to 087 791 9999

**4. Obligations:**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Grand Bridge Trading 35 (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Grand Bridge Trading 35 (Pty) Ltd                        |
| 1.2 Shareholders (where applicable):  | 100% Rian Investment Trust                               |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Sugen John Nair<br>(licensee to provide further details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                    |
|---------------|--------------------|
| 2.1.1. Name:  | Sugen John Nair    |
| 2.1.2. Tel:   | 011 805 2132       |
| 2.1.3. Fax:   | 011 805 4122       |
| 2.1.4. Cell:  | 082 886 6375       |
| 2.1.5. Email: | sugen@30east.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                                |
|----------------------|--------------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:         |
| P O Box 11936        | Waterfall Park                 |
| Vorna Valley         | Waterfallll Edge Bekker Street |
| Midrand              | Midrand                        |
| 1686                 | 1686                           |

- 1.1 Name of Company/Entity: State Information Technology Agency  
1.2 Shareholders (where applicable): South African Government  
1.3. Ownership held by persons from historically disadvantaged groups (where applicable): None (wholly owned by government)

## **2. CONTACT DETAILS**

1.1 The contact person for the Licensee shall be:

Name: Moses Mtimunye  
Tel: 012 482 2418/2300  
Fax: 012 347 2825  
Cell: 083 376 6957  
Email: [moses.mtimunye@sita.co.za](mailto:moses.mtimunye@sita.co.za)

1.2 Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## **3. NOTICES AND ADDRESSES**

The Licensee chooses the following addresses as its principal addresses:

3.1. Postal Address:

P.O. Box 26100

Monument Park

Pretoria

0105

3.2. Physical Address:

459 Tsitsa Street

Eramuskloof

Pretoria

## SCHEDULE

**1. Name of the Service:**

30 Degrees East Telecommunications

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

087 930 0000 to 087 930 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**ICT Works (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | ICT Works (Pty) Ltd<br>Xoliswa Kakana 51%<br>Nomagcina Mtshontshi 15%                        |
| 1.2 Shareholders (where applicable):  | Sindile Ncala 10%<br>Margaret B.Sibiya 10%<br>Maretha J.Britz 10%                            |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Xoliswa Kakana 51%<br>Nomagcina Mtshontshi 15%<br>Sindile Ncala 10%<br>Margaret B.Sibiya 10% |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                       |
|---------------|-----------------------|
| 2.1.1. Name:  | Sindile Ncala         |
| 2.1.2. Tel:   | 011 234 7041          |
| 2.1.3. Fax:   | 011 234 7322          |
| 2.1.4. Cell:  | 083 431 2796          |
| 2.1.5. Email: | sindi@ict-works.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                               |
|----------------------|-------------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:        |
| P O Box 782295       | 2 <sup>nd</sup> Floor Block F |
| Sandton              | Mellis Park                   |
| 2146                 | Cnr Autumn & Mellis Road      |
|                      | Rivonia , 2128                |

## SCHEDULE

**1. Name of the Service:**

ICT -Works

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 960 0000 to 087 960 6999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Integrat (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**



## SCHEDULE

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

I

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Internet Solutions (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | Internet Solutions (Pty) Ltd<br>Dimension Data PLC 74,99%                             |
| 1.2 Shareholders (where applicable):  | Ngcaba Holdings (Convergence Partners)<br>25.01%                                      |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Ngcaba Holdings (Convergence Partners)<br>25.01%(licensee to provide further details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |  |
|---------------|--|
| 2.1.1. Name:  | Siyabonga Madyibi  |
| 2.1.2. Tel:   | 011 575 3174   |
| 2.1.3. Fax:   | 011 576 3174   |
| 2.1.4. Cell:  | 083 678 9911   |
| 2.1.5. Email: | <a href="mailto:Siyabonga.madyibi@is.co.za">Siyabonga.madyibi@is.co.za</a> |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                              |
|----------------------|------------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:       |
| Private Bag X163     | The Campus, 57 Sloane Street |
| Bryanston            | Corner Main Street           |
| 2021                 | Bryanston                    |

## SCHEDULE

**1. Name of the Service:**

Internet Solutions

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 350 to 087 359.

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**JC Broadband Services**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: JC Broadband Services
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]:**

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Klatrade 470 (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Klatrade 470 (Pty) Ltd<br>Andre Neveling 60%   |
| 1.2 Shareholders (where applicable):  | Ernest Coetzee 10%<br>Professional Empowerment Management<br>Services 30%                    |
| 1.3. Ownership held by persons from<br>historically disadvantaged groups<br>(where applicable): | Professional Empowerment Management<br>Services 30% (licensee to provide further<br>details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                   |
|---------------|-------------------|
| 2.1.1. Name:  | Andre Neveling    |
| 2.1.2. Tel:   | 011 680 1580      |
| 2.1.3. Fax:   | 011 680 9876      |
| 2.1.4. Cell:  | 083 432 4145      |
| 2.1.5. Email: | andre@slink.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| <b>P O Box 1421]</b> | 25 Mount Ida Street    |
| Southdale            | Robertsham             |
| 2135                 | 2091                   |

## SCHEDULE

**1. Name of the Service:**

Securelink

**2. Geographic Coverage**

Western Cape and Gauteng Provinces

**3. Range of Numbers from the national numbering plan:**

087 640 0000 to 087 640 2999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

**No. [.....]**

**GRANTED**

**TO**

**Midas Telecom (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Midas Telecom (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

**No. [.....]**

**GRANTED**

**TO**

**Midnight Moon Trading 163 (Pty) Ltd t/a Unlimited IP**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Midnight Moon Trading 163 (Pty) Ltd t/a Unlimited IP
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3 Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]:**

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**MTN Network Solutions (Pty )Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: MTN Network Solutions (Pty )Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Multichoice Subscriber Management Services (Pty) Ltd (MWEB)**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | Multichoice Subscriber Management Services (Pty) Ltd (MWEB) |
| 1.2 Shareholders (where applicable):  | [Licensee to submit details.]                               |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | [Licensee to submit details.]                               |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                               |
|---------------|-------------------------------|
| 2.1.1. Name:  | [Licensee to submit details.] |
| 2.1.2. Tel:   | [Licensee to submit details.] |
| 2.1.3. Fax:   | [Licensee to submit details.] |
| 2.1.4. Cell:  | [Licensee to submit details.] |
| 2.1.5. Email: | [Licensee to submit details.] |
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                               |                               |
|-------------------------------|-------------------------------|
| 3.1. Postal Address:          | 3.2. Physical Address:        |
| [Licensee to submit details.] | [Licensee to submit details.] |

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Nashua Mobile (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | Nashua Mobile(Pty) Ltd  |
| 1.2 Shareholders (where applicable):  | 100% owned by Reunert Limited (Reunert is a JSE listed company)   |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Retona Consortium 16.13%<br>(Licensee to provide further details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |  |
|---------------|--|
| 2.1.1. Name:  | Charmaine Wentzel  |
| 2.1.2. Tel:   | 011 207 8231   |
| 2.1.3. Fax:   | 011 207 8231   |
| 2.1.4. Cell:  | 082 804 7732   |
| 2.1.5. Email: | <a href="mailto:charmaineW@nashuamobile.com">charmaineW@nashuamobile.com</a> |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P.O. Box 3843        | 42 James Crescent      |
| Halfway House        | Midrand                |
| 1685                 | Halfway House          |

## **SCHEDULE**

**1. Name of the Service:**

Nashua Mobile

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

087 655 0000 to 087 655 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Netawk (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                               |
|---|-------------------------------|
| 1.1 Name of Company/Entity:   | Netawk (Pty) Ltd              |
| 1.2 Shareholders (where applicable):  | [Licensee to submit details.] |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | [Licensee to submit details.] |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                               |
|---------------|-------------------------------|
| 2.1.1. Name:  | [Licensee to submit details.] |
| 2.1.2. Tel:   | [Licensee to submit details.] |
| 2.1.3. Fax:   | [Licensee to submit details.] |
| 2.1.4. Cell:  | [Licensee to submit details.] |
| 2.1.5. Email: | [Licensee to submit details.] |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                               |                               |
|-------------------------------|-------------------------------|
| 3.1. Postal Address:          | 3.2. Physical Address:        |
| [Licensee to submit details.] | [Licensee to submit details.] |

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Netvoip cc**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Netvoip cc<br>L. Wainstein<br>M. Wainstein                                 |
| 1.2 Shareholders (where applicable):  | N. Uys<br>W. Hom<br>S. Lushaba.<br>(licensee to provide further details)   |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Sanibona Communications (Pty) Ltd<br>(licensee to provide further details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |  |
|---------------|--|
| 2.1.1. Name:  | L. Wainstein   |
| 2.1.2. Tel:   | 011 450 3401   |
| 2.1.3. Fax:   | 011 450 3409   |
| 2.1.4. Cell:  | 083 222 9201   |
| 2.1.5. Email: | <a href="mailto:larry@gvsc.co.za">larry@gvsc.co.za</a> |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P.O Box4295          | 1 <sup>st</sup> Floor  |
| Edenvale             | 20 Skeen Boulevard     |
| 1610                 | Bedfordview            |

## SCHEDULE

**1. Name of the Service:**

VOIP Switching Centre

**2. Geographic Coverage:**

National.

**3. Range of Numbers from the National Numbering Plan:**

087 985 0000 to 087 985 2999

**4. Obligations:**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**New Age Holdings (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: New Age Holdings (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Nexor 147 CC**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Nexor 147 CC
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3 Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Openvoice Service Provider (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                                      |
|---|--------------------------------------|
| 1.1 Name of Company/Entity:   | Openvoice Service Provider (Pty) Ltd |
| 1.2 Shareholders (where applicable):  | Openvoice Holdings 70%               |
|   | Sheritha Mathura Holdings 30%        |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Sheritha Mathura Holdings 30%        |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                          |
|---------------|--------------------------|
| 2.1.1. Name:  | Them bani Khumalo        |
| 2.1.2. Tel:   | 011 519 7400             |
| 2.1.3. Fax:   | 011 467 8441             |
| 2.1.4. Cell:  | 082 263 5173             |
| 2.1.5. Email: | tkhumalo@openvoice.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 70911        | Unit 2 Fourways Manor  |
| Bryanston            | Roos Street            |
| 2021                 | Fourways               |
|                      | 2055                   |

## SCHEDULE

**1. Name of the Service:**

Openvoice Service Provider

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 855 0000 to 087 855 1999.

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Oric Telecoms**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Oric Telecoms
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
  - 2.1.2. Tel: [Licensee to submit details.]
  - 2.1.3. Fax: [Licensee to submit details.]
  - 2.1.4. Cell: [Licensee to submit details.]
  - 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

**No. [.....]**

**GRANTED**

**TO**

**Orion Cellular (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Orion Cellular (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**PAWS Telecom (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: PAWS Telecom (Pty) Ltd  
Sukrusani Holdings 30%  
Click Media 5%  
Motcom 5%
- 1.2 Shareholders (where applicable): Kistan Family Trust 15%  
Omega Trust 30%  
E-Tone Technology 5%  
The Technology Trust 10%
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): 50 %  
(licensee to provide further details)

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: R.H Wijsman  
2.1.2. Tel: 011 223 5000  
2.1.3. Fax: 011 331 5102  
2.1.4. Cell: 084 251 2642  
2.1.5. Email: rhw@paws.co.za

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: P O Box 99-250  
Carlton centre  
Johannesburg  
2001
- 3.2. Physical Address: 2215- 22<sup>nd</sup> floor Carlton centre  
150 Commissioner Street  
Johannesburg  
2000

## SCHEDULE

**1. Name of the Service:**

Paws Telecoms

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 905 0000 to 087 905 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Posix Systems (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Posix Systems (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Q Digital Cable Vision (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

1.1 Name of Company/Entity:	Q Digital Cable Vision (Pty) Ltd	
	Employee share Incentive Trust	9%
1.2 Shareholders (where applicable):	Atheeb Group Company	19%
	Verene (Pty) Ltd	21%
	Al Nahla Technology Company	51%
1.3. Ownership held by persons from historically disadvantaged groups (where applicable):	Verene (Pty) Ltd	21%

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

2.1.1. Name:	Lee-Ann Cassie
2.1.2. Tel:	083 262 0825
2.1.3. Fax:	086 609 2372
2.1.4. Cell:	083 262 0825
2.1.5. Email:	Lee-Ann.Cassie@smilecoms.com

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

3.1. Postal Address:	3.2. Physical Address:
PostNet Suite 605	12 Culross Road
Private bag X5	Bryanston
Fourways North	2191
2086	

## SCHEDULE

1. **Name of the Service:**  
Smile Communications

2. **Geographic Coverage:**  
National

2. **Range of Numbers from the national numbering plan:**  
087 850 0000 to 087 850 1999

4. **Obligations**  
The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Sainet Internet cc**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Sainet Internet cc                     |
| 1.2 Shareholders (where applicable):  | CB Oberholzer 51%<br>SM Oberholzer 49% |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | CB Oberholzer 51%                      |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                     |
|---------------|---------------------|
| 2.1.1. Name:  | SM Oberholzer       |
| 2.1.2. Tel:   | 086 1724638         |
| 2.1.3. Fax:   | 0866113153          |
| 2.1.4. Cell:  | 083 657 7049        |
| 2.1.5. Email: | marius@sainet.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 13476        | 35 Balfour Road        |
| Vincent              | Vincent                |
| 5217                 | 5247                   |

## SCHEDULE

**1. Name of the Service:**

Sainet Internet

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

087 880 0000 to 087 880 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Smartel Communications**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Smartel Communications
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

**No. [.....]**

**GRANTED**

**TO**

**South African Post Office**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: South African Post Office
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
  - 2.1.2. Tel: [Licensee to submit details.]
  - 2.1.3. Fax: [Licensee to submit details.]
  - 2.1.4. Cell: [Licensee to submit details.]
  - 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**SpicePhone (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | SpicePhone (Pty) Ltd   |
| 1.2 Shareholders (where applicable):  | Spice Telcoms (Pty) Ltd 100%                                 |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Southern Palace 30%<br>(licensee to provide further details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                           |
|---------------|---------------------------|
| 2.1.1. Name:  | Craig Dean                |
| 2.1.2. Tel:   | 012 993 3930              |
| 2.1.3. Fax:   | 012 993 2153              |
| 2.1.4. Cell:  | 083 457 6502              |
| 2.1.5. Email: | Craigd@spicetelecom.co.za |

2.2. 1.2 Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 1941         | 358 A Timothy Street   |
| Brooklyn Square      | Waterkloof Glen        |
| Pretoria             | Pretoria               |
| 0075                 | 0181                   |

## SCHEDULE

**1. Name of the Service:**

SpicePhone

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 600 0000 to 087 600 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**State Information Technology Agency (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

- 1.1 Name of Company/Entity: State Information Technology Agency
- 1.2 Shareholders (where applicable): South African Government
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): None (wholly owned by government)

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: Moses Mtimunye
- 2.1.2. Tel: 012 482 2418/2300
- 2.1.3. Fax: 012 347 2825
- 2.1.4. Cell: 083 376 6957
- 2.1.5. Email: [moses.mtimunye@sita.co.za](mailto:moses.mtimunye@sita.co.za)

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P.O. Box 26100       | 459 Tsitsa Street      |
| Monument Park        | Eramuskloof            |
| Pretoria             | Pretoria               |
| 0105                 |                        |

## SCHEDULE

**1. Name of the Service:**

SITA

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

None

**4. Obligations**

N/A

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Storm Telecom (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                               |
|---|-------------------------------|
| 1.1 Name of Company/Entity:   | Storm Telecom (Pty) Ltd       |
| 1.2 Shareholders (where applicable):  | [Licensee to submit details.] |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | [Licensee to submit details.] |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                               |
|---------------|-------------------------------|
| 2.1.1. Name:  | [Licensee to submit details.] |
| 2.1.2. Tel:   | [Licensee to submit details.] |
| 2.1.3. Fax:   | [Licensee to submit details.] |
| 2.1.4. Cell:  | [Licensee to submit details.] |
| 2.1.5. Email: | [Licensee to submit details.] |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                               |                               |
|-------------------------------|-------------------------------|
| 3.1. Postal Address:          | 3.2. Physical Address:        |
| [Licensee to submit details.] | [Licensee to submit details.] |

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Talknet Africa (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |                          |
|---|--------------------------|
| 1.1 Name of Company/Entity:   | Talknet Africa (Pty) Ltd |
|   | Mthunzi Mdwaba 45%       |
| 1.2 Shareholders (where applicable):  | Lyndon Barends 45%       |
|   | Yuval Hertzog 10%        |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Mthunzi Mdwaba 45%       |
|   | Lyndon Barends 45%       |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |               |
|---------------|---------------|
| 2.1.1. Name:  | T D Pryce     |
| 2.1.2. Tel:   | 086 111 3905  |
| 2.1.3. Fax:   | 086 615 5888  |
| 2.1.4. Cell:  | 083 419 0377  |
| 2.1.5. Email: | tim@sts.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| Private Bag X 162    | 203 Witch Hazel Avenue |
| Centurion            | Highveld               |
| 0046                 | Centurion              |
|                      | 0046                   |

## SCHEDULE

**1. Name of the Service:**

Talknet Africa

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 835 0000 to 087 835 3999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Telepassport (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |   |
|---|---|
| 1.1 Name of Company/Entity:   | Telepassport (Pty) Ltd                                    |
| 1.2 Shareholders (where applicable):  | Huge Group Limited listed on the JSE                      |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Mojaho Trading (Pty) Ltd 30%(to be confirmed by licensee) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                             |
|---------------|-----------------------------|
| 2.1.1. Name:  | Clive Cheetham              |
| 2.1.2. Tel:   | 011 603 6000                |
| 2.1.3. Fax:   | 011 603 6001                |
| 2.1.4. Cell:  | 082 333 3336                |
| 2.1.5. Email: | ccheetham@hugetelecom.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                             |
|----------------------|-----------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:      |
| P O Box 16376        | Block 2                     |
| Dowerglen            | Woodlands Drive Office Park |
| 1612                 | 5 Woodlands Drive           |
|                      | Woodmead , 2191             |

## SCHEDULE

**1. Name of the Service:**

Telepassport

**2. Geographic Coverage**

National

**3. Range of Numbers from the national numbering plan:**

087 865 0000 to 087 865 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**TelFree Communications (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | TelFree Communications (Pty) Ltd   |
| 1.2 Shareholders (where applicable):  | (licensee to provide shareholding in percentages).   |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | Beat the Clock Investments (Pty) Ltd<br>40% in TelFree Holdings<br>(licensee to provide further details) |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                       |
|---------------|-----------------------|
| 2.1.1. Name:  | Andries Matthysen     |
| 2.1.2. Tel:   | 012 460 1538          |
| 2.1.3. Fax:   | 012 460 1538          |
| 2.1.4. Cell:  | 083 326 3543          |
| 2.1.5. Email: | andries@telfree.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                        |
|----------------------|------------------------|
| 3.1. Postal Address: | 3.2. Physical Address: |
| P O Box 26904        | 254 Carina Street      |
| Monument park        | Waterkloof Ridge       |
| 0105                 | 0181                   |

## SCHEDULE

**1. Name of the Service:**

TelFree

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

0877500000 to 0877549999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Verizon South Africa (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

1.1 Name of Company/Entity:	Verizon South Africa (Pty) Ltd
	Verizon European Holdings Ltd 69,83%
1.2 Shareholders (where applicable):	Fox Court Nominees Ltd 0,10%
	Clidet 554 (Pty) Ltd 30,07%
1.3. Ownership held by persons from historically disadvantaged groups (where applicable):	Clidet 554 (Pty) Ltd 30,07%
	(licensee to provide further details)

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

2.1.1. Name:	Mr. Edwin John Thompson
2.1.2. Tel:	(011) 235 6500
2.1.3. Fax:	(011) 235 6502
2.1.4. Cell:	(082) 389 5115
2.1.5. Email:	<a href="mailto:Edwin.thompson@za.verizonbusiness.com">Edwin.thompson@za.verizonbusiness.com</a>

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

3.1. Postal Address:	3.2. Physical Address:
P O Box 76747	113 Bowling Avenue
Wendywood	Gallor Manor
144	2144

## SCHEDULE

**1. Name of the Service:**

Verizon Business

**2. Geographic Coverage**

National

**3 Range of Numbers from the national numbering plan:**

087 740 000 to 087 742 999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**VIPAFONE (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | VIPAFONE (Pty) Ltd<br>Global Telecom (Pty) Ltd         |
| 1.2 Shareholders (where applicable):  | Mediaring Ltd<br>(licensee to provide further details) |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | 0%   |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |  |
|---------------|--|
| 2.1.1. Name:  | Mr Andrew Shaun Davies   |
| 2.1.2. Tel:   | 021 762 9630   |
| 2.1.3. Fax:   | 021 762 9635   |
| 2.1.4. Cell:  | 082 377 6688   |
| 2.1.5. Email: | <a href="mailto:Andrew@globaltelecom.co.za">Andrew@globaltelecom.co.za</a> |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                                   |
|----------------------|-----------------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:            |
|                      | 15 Court Road<br>Wynberg CapeTown |

## SCHEDULE

**1. Name of the Service:**

VIPAFONE

**2. Geographic Coverage:**

National

**3. Range of Numbers from the National Numbering Plan:**

087 915 0000 to 087 915 2999

**4. Obligations:**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Voizacom (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Voizacom (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]:**

**[1. Name of the Service:**

**2. Geographic Coverage**

**3. Range of Numbers from the national numbering plan:**

**4. Obligations**

**The licensee may not reduce its equity ownership held by HDI to less than 30%.**

**1**

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**X-DSL Networking Solutions (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

1.1 Name of Company/Entity:	X-DSL Networking Solutions (Pty) Ltd	
	Martin van Dyk	16,66%
1.2 Shareholders (where applicable):	Danie Fourie	16,66%
	Hanno van Dyk	16,66%
	Convergenet Holdings Ltd	51,00%
	(shareholding in Convergenet Holdings Ltd)	
1.3. Ownership held by persons from historically disadvantaged groups (where applicable):	SLL Peteni	5,2%
	KBJ Kekana	14,2%
	T Modise	9.4 %
	S Swana	0.8 %

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

2.1.1. Name:	Martin Van Dyk
2.1.2. Tel:	086 100 9375
2.1.3. Fax:	086 673 8150
2.1.4. Cell:	082 622 3185
2.1.5. Email:	martin@xdsl.co.za

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

3.1. Postal Address:	3.2. Physical Address:
P O Box 11046	977 Schoeman Street
Hatfield	Arcadia
Pretoria	Pretoria
0028	0083

## SCHEDULE

**1. Name of the Service:**

XDSL

**2. Geographic Coverage:**

National

**3. Range of Numbers from the national numbering plan:**

087 980 0000 to 087 980 4999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Xtranet Internet Services CC**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Xtranet Internet Services CC
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
  - 2.1.2. Tel: [Licensee to submit details.]
  - 2.1.3. Fax: [Licensee to submit details.]
  - 2.1.4. Cell: [Licensee to submit details.]
  - 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Zensho Telecoms (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- 1.1 Name of Company/Entity: Zensho Telecoms (Pty) Ltd
- 1.2 Shareholders (where applicable): [Licensee to submit details.]
- 1.3. Ownership held by persons from historically disadvantaged groups (where **applicable**): [Licensee to submit details.]

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- 2.1.1. Name: [Licensee to submit details.]
- 2.1.2. Tel: [Licensee to submit details.]
- 2.1.3. Fax: [Licensee to submit details.]
- 2.1.4. Cell: [Licensee to submit details.]
- 2.1.5. Email: [Licensee to submit details.]
- 2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- 3.1. Postal Address: [Licensee to submit details.]
- 3.2. Physical Address: [Licensee to submit details.]

## SCHEDULE

(a) **[Licensee to submit details as per the template.]**:

1. **Name of the Service:**
2. **Geographic Coverage**
3. **Range of Numbers from the national numbering plan:**
4. **Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.

1

**INDIVIDUAL ELECTRONIC COMMUNICATIONS SERVICE LICENCE**

No. [.....]

**GRANTED**

**TO**

**Zinandi Communications (Pty) Ltd**

**FOR THE PROVISION OF**

**ELECTRONIC COMMUNICATIONS SERVICES**

**SIGNED FOR AND ON BEHALF OF THE INDEPENDENT COMMUNICATIONS  
AUTHORITY OF SOUTH AFRICA**

**AT .....ON THIS.....DAY OF .....**

\_\_\_\_\_  
**Chairperson**

## 1. LICENSEE

The Licence is issued to:

- |   |  |
|---|--|
| 1.1 Name of Company/Entity:   | Zinandi Communications (Pty) Ltd                               |
| 1.2 Shareholders (where applicable):  | Nobazi Business Trust<br>(licensee to provide further details) |
| 1.3. Ownership held by persons from historically disadvantaged groups (where applicable): | (licensee to provide further details)                          |

## 2. CONTACT DETAILS

2.1. The contact person for the Licensee shall be:

- |               |                       |
|---------------|-----------------------|
| 2.1.1. Name:  | Dumisani Nkala        |
| 2.1.2. Tel:   | 011 884 1037          |
| 2.1.3. Fax:   | 011 884 4224          |
| 2.1.4. Cell:  | 083 734 2780          |
| 2.1.5. Email: | dnkala@telconet.co.za |

2.2. Should the Licensee propose to replace the person so designated, the Licensee shall notify the Authority in writing within seven (7) days after appointing the new designated person.

## 3. NOTICES AND ADDRESSES

The Licensee chooses the following addresses as its principal addresses:

- |                      |                            |
|----------------------|----------------------------|
| 3.1. Postal Address: | 3.2. Physical Address:     |
| Postnet Suite 485    | 131 6 <sup>th</sup> Street |
| Private Bag X9       | Parkmore                   |
| Benmore Gardens      | Sandown                    |
| 2010                 | 2196                       |

## SCHEDULE

**1. Name of the Service:**

Telconet

**2. Geographic Coverage:**

Gauteng, Western Cape and Kwa-Zulu Natal

**3. Range of Numbers from the national numbering plan:**

087 830 0000 to 087 830 0999

**4. Obligations**

The licensee may not reduce its equity ownership held by HDI to less than 30%.