

FORM 6A

SECTORAL PLANNING DATA (I-ECNS, C-ECNS, I-ECS and C-ECS)

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions published in terms of section 8(1) of the Act and Call Termination Regulations.

This Form should be submitted quarterly in accordance with the Authority's Financial Year.

1. Subscribers (I-ECS, C-ECS)

Category of subscribers	Number of subscribers			
	Q1	Q2	Q3	Q4
Post paid				
Prepaid				
Data (provide description)				
Churn Rate				

2. Retail Revenue

Category	Q1	Q2	Q3	Q4
Post paid				
Prepaid				
Data (provide description)				

3. Wholesale Interconnection Traffic

Wholesale Interconnection Traffic													
Number of OUTGOING MINUTES to:													
		Month 1		Month 2		Month 3		Month 4		Month 5		Month 6	
		Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid
Fixed networks													
	Peak												
	Off-peak												
	Other												

Mobile networks													
	Peak												
	Off-peak												
	Other												
	Peak												
	Off-peak												
	Other												
International networks													
	Peak												
	Off-peak												
	Other												
Number of INCOMING MINUTES from:													
		Month 1		Month 2		Month 3		Month 4		Month 5		Month 6	
		Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid
Fixed networks													
	Peak												
	Off-peak												
	Other												
Mobile networks													
	Peak												
	Off-peak												
	Other												
International networks													
	Peak												
	Off-peak												
	Other												

4. Number Portability

MOBILE NUMBER PORTABILITY	Q1	Q2	Q3	Q4
Number of Subscribers ported out				
Number of Subscribers ported in:				
GEOGRAPHIC NUMBER PORTABILITY				
Number of Subscribers ported out:				
Number of Subscribers ported in:				

5. Network Coverage (I-ECNS, C-ECNS)

Complete for each type of network (e.g. GSM, 3G, WIMAX, etc)

5.1. Network Type:

Geographic coverage (%)	Population coverage (%)

5.2. Network Type:

Geographic coverage (%)	Population coverage (%)

5.3 Network Type:

Geographic coverage (%)	Population coverage (%)

6. I,, in my capacity as hereby verify that the information provided is true and correct.

7. Signature

Signature			
Designation		Date	