

SCHEDULE 2.2

STANDARD TYPE APPROVAL APPLICATION FOR TELECOMMUNICATION TERMINAL EQUIPMENT FOR USE IN SOUTH AFRICA

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory sections as denoted by asterisk*

***1. Name and address of South African registered company in whose name the licence must be issued:**

Name of company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No: _____ Fax No: _____

Cell No: _____

***2. Name and address of person or organisation acting on behalf of the applicant:**

Name: _____

Address: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***3. Name and address of the person or company responsible for the payment of the Type Approval fees:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Email Address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***4. Name and address of original equipment manufacturer:**

Name: _____

Address: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***5. Telecommunication Terminal Equipment description:**

5.1 Original equipment details:

5.1.1 Brand Name: _____

5.1.2 Model: _____

5.2 Name and model number under which the equipment will be marketed in South Africa:

5.2.1 Brand Name: _____

5.2.2 Model: _____

***6. Modifications (if any) to rectify non compliance, as indicated in the test reports. (Attach additional sheets if required)**

***7. For ICASA inspections please indicate where modifications (if applicable) and maintenance work on this equipment will be carried out:**

Name: _____

Address: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***8. Person(s) to whom technical enquiries may be directed:**

Name: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***9. Equipment Type (Category):**

Description: _____

Model: _____

Transmission Systems <input type="checkbox"/>	DECT <input type="checkbox"/>	E1 <input type="checkbox"/>	Soft Switch <input type="checkbox"/>
Switching and Signaling Systems <input type="checkbox"/>	ISDN BRI <input type="checkbox"/>	VOIP Systems <input type="checkbox"/>	International Gateway <input type="checkbox"/>
Telephone Networks <input type="checkbox"/>	ISDN PRI <input type="checkbox"/>	Measuring Equipment's <input type="checkbox"/>	Copper Transmission <input type="checkbox"/>
Data Communication Networks <input type="checkbox"/>	ADSL <input type="checkbox"/>	Lines, connections and circuits <input type="checkbox"/>	DVB <input type="checkbox"/>
Powerline Telecommunication <input type="checkbox"/>	PSTN Legacy <input type="checkbox"/>	Fibre optic <input type="checkbox"/>	Audio-Visual Systems <input type="checkbox"/>
Telex, teletext, telefax <input type="checkbox"/>	Telephone Equipment <input type="checkbox"/>	Copper <input type="checkbox"/>	Other please describe: <input type="checkbox"/>

10. Supporting documentation

The following documentation **MUST** accompany this application:

10.1 Technical, physical, operational, installation and user information.

10.2 A functional description of the equipment/system, at least at block diagram level.

10.3 Test reports (EMC, EMI & Safety) (where applicable), confirming compliance with the relevant standards, in soft copy in PDF format / CD ROM (issued by any accredited testing facility).

10.4 A functional block diagram including digital photographs.

11. Labels

Note: The cost of labels is additional to the Type Approval fee.

11.1. Please indicate the type of label that will be used on the equipment:

- E-label
- Printed label

11.2. If Printed label is indicated in 11.1, please indicate where the labels will be obtained:

- Order from ICASA (indicate quantity in 11.3.)
- Self-print (complete details in 11.4)

11.3. Please indicate the number of prescribed labels to be issued with this Type Approval application:

TYPE	QUANTITY
SMALL LABELS	

11.4. If Self-print is indicated in 11.2., please fill in the details of the printing company

Company Name: _____

Company Registration Number: _____

Physical Address: _____

_____ Code: _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No: _____ Fax No: _____

12. Application fees:

The prescribed Type Approval fee must be paid into ICASA's banking account and ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)

Bank Address is as follows:

Nedcor Limited
135 Rivonia Road
Sandton
South Africa
2196

13. Submission of Applications

13.1 Postal address:

The completed application form and support documentation must be submitted to:

The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa

13.2 Physical address:

Completed application documentation may also be delivered by hand to:

ICASA Head Office
Pin Mill Farm, Block B
164 Katherine Street
SANDTON 2196
South Africa

13.3 Submitted electronically to: TALApplications@icasa.org.za.

***14. UNDERTAKING BY APPLICANT:**

14.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects required for testing and/or evaluation purposes.

14.2 I/We undertake that all equipment supplied, subsequent to the issue of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

14.3 I/We accept that the licensing of the aforementioned system is subject to the provisions of the Electronics Communications Act, (Act No.36 of 2005) and the conditions imposed by ICASA from time to time.

14.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at on the.....day of.....20....., by the deponent who acknowledged that he/she:

- 1. Knows and understood the contents hereof;
- 2. Has no objection to taking the prescribed oath or affirmation; and
- 3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS

Name:
Address:
Capacity: