



Independent Broadcasting Authority
 Mass Media Complex, Alick Nkhata Road,
 P.O Box 32475 Lusaka
 Tel: +260 211 250589, + 260 211 250584 Cell: + 260 954 733 911

APPLICATION FORM: CONTENT SERVICE PROVIDER LICENCE

In terms of section 21 (1) of the IBA Amendment Act of 2010 "an application for a broadcasting licence shall be made to the Board in a prescribed manner and form upon payment of the prescribed fee" read with the Statutory Instrument NO..... of 2015 "The Independent Broadcasting Authority (Digital television broadcasting) and (Content) Regulations, 2015

After completing the form in full, sign it and submit it to the Authority as required by the Regulation, along with the relevant application fee or proof that the application fee has been paid to the Authority.

1. APPLICATION

Applicant (Full and official name)	
ID or Registration Number of Applicant	

2. CONTACT PERSON

Contact Person (Full and Official names)	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number (s)	
Electronic mail address(es)	

3. OWNERSHIP INTERESTS

Section 22 (1) (a) (b) of the IBA Amendment Act of 2010 states:

The Board may issue a broadcasting licence subject to the provisions of this Act and to such conditions as the Board may determine, provided that:

(a) A political party or organisation or a legal entity formed by a political party or organisation does not qualify to provide a broadcasting service

(b) A person who is not a citizen of Zambia does not qualify to provide a broadcasting service.

Owner Name	Percentage of Ownership	Nationality of Owner

4. FOREIGN OWNERSHIP INTERESTS

Provide full details regarding foreign ownership interest in the licence, if any

5. BOARD OF DIRECTORS

If the applicant is a juristic person, set out the full names, nationalities and identity numbers of the members of the Board of Directors or other governing body.

Director Name	Nationality	Identity Number	Contact Numbers

Note: please provide a detailed curriculum vitae for each board member

6. CATEGORY OF BROADCASTING SERVICE LICENCE APPLIED FOR

Section 23 (1) (a) & (b) of the IBA Amendment Act of 2010. Read with Statutory instrument No.....
(1) (2) (3) Of the Digital Television Broadcasting regulations 2015.

Identify the type of broadcasting service licence for which you are applying (Tick)

TYPE	
Public content service provider	
Private Commercial content service provider	
Private non- commercial service provider	

SERVICE AREAS	SPECIFY THE NAME
- National	
- Provincial	
- District	

7. PROPOSED PROGRAMMING

7.1 State percentage time allocated to:

Coverage of Zambia scene	:	%
Zambian Music	:	%
Other music	:	%
Zambian sport	:	%
International sport	:	%
Education broadcasts produced	:	%
In Zambia	:	%

Other Educational broadcasts	:	%
Public Service announcements and Programs	:	%
Community message	:	%
Advertising	:	%

7.2 State source of programming

Zambia news and current affairs	:
Foreign news and current affairs	:
Music	:
Advertising	:
Other	:

7.3 Station identification:

7.4 Call sign:

8. CO-OWNERSHIP DETAILS

Indicate full details of any ownership interest held in existing broadcasting services licences and other broadcasting service licence applications by the applicant and if the applicant is a juristic person, by persons who hold ownership interest in the applicant.

9. ANY OTHER INFORMATION

Provide any information you believe might be relevant to the Authority in considering this application.

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REQUIREMENTS FOR BROADCAST

Submit with the Official IBA Application Form:

- Certified copies of the Identity document of the Applicant and contact person should accompany this Application Form;
- If an authorized agent completes the Application on behalf of the Applicant, such an agent should submit, with the Application Form, a power of attorney, which authorizes him or her to lodge the application on behalf of the applicant;
- Business plan- detailing a sustainability trajectory, corporate governance structure, station vision, financial sources, assets and planned operations, ownership etc.
- A Certificate of Registration i.e. PACRA or Registrar of Societies
- A list of the applicant's Board members with their respective curriculum vitae attached.
- The Programming schedule for the station
- The Authority may request further information or documentation, which must be provided to the Authority in the time and the manner set out by the Authority.

CERTIFICATION

I certify that the statements in this application are true and correct to the best of my knowledge and belief, and are made in good faith.

Name of Applicant

Signature of Chief Executive Officer

.....

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Date.....

Title.....

ACKNOWLEDMENT OF RECEIPT BY IBA

Name	
Date	
Place	
Signature	

ACKNOWLEDMENT OF RECEIPT BY IBA

Name	
Date	
Place	
Signature	