

## 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.*

*After completing the form in full, sign it and submit it to the Authority along with other requirements including proof that the application fee has been paid.*

### 1. APPLICATION

<b>Applicant Name</b> (Station official name)	
Registration Number from <b>PACRA</b> or <b>Registrar of Societies</b>	
<b>Tax Identification Number (TPIN)</b>	

### 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

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**Note: please provide 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.*

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

TYPE	SELECT (TICK)
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:

<b>PROGRAMMING</b>	<b>PERCENTAGE (%)</b>
Coverage Of Zambia Scene	
Zambian Music	
Other Music	
Zambian Sport	
International Sport	
Education Programmes Produced in Zambia	
Foreign Educational Programmes	
Public Service Announcements and Programmes	
Community Message	
Advertising	

7.2 State source of programming

<b>PROGRAMMING</b>	<b>SOURCE</b>
Zambia news and current affairs	
Foreign news and current affairs	
Music	
Other	

7.3 Station identification:

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7.4 Call sign:

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**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 Board of the Independent Broadcasting Authority reserves the right to grant or reject an application.**

## CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge and made in good faith.

**Name of Applicant**

**Signature of Chief Executive Officer**

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**Date**

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**Title**

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