

TELECOMMUNICATIONS AUTHORITY OF FIJI

Level 1, 76 Gordon Street, Suva. G.P.O Box 13413, Suva, Fiji Island
 Phone: (679) 3310105 Fax: (679) 3310110 www.taf.org.fj email: contact@taf.org.fj

Application Form for Change of Particulars of License

TAF 2008

No	Information	Further description	Information concerning Application
1	Name of Licensee		
2	Date of Licence Expiration		
3	Date of Application		
4	Name of Applicant	If different from Licensee	
5	Address of Applicant	Street address	
		Postal address	
6	Contact details of Applicant	Telephone/Mobile	
		Business Fax	
		Email address	
7	Payment of fee	Yes or No – if applicable	
8	Directors of Applicant (if company)	Names and addresses of current directors	
		Names and addresses of new directors	
9	Shareholding Structure (if company)	Names of shareholders holding more than 5% of shares held, and the number and percentage of shares existed before the date of this application	
		Names of new shareholders holding more than 5% of shares held, and the number and percentage of shares	
10	Acknowledgement of receipt of application (for official use)	Date and reference	

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11	Received by authorised officer of the Authority (for official use)	Signature	
		Name and Position	
		Date	