



PAKISTAN TELECOMMUNICATION AUTHORITY
Headquarters, F-5/1, Islamabad
Radio Based Services Section

**APPLICATION FORM FOR ESTABLISHMENT OF INMARSAT
COMMUNICATION FACILITIES**

1. DETAILS OF APPLICATION/ORGANIZATION:-

A. Local Applicant

i. Name of applicant/organization: _____

ii. National Identity Card No. of the applicant: _____

iii. Address _____

iv. Postal Address: _____

Ph. No: _____ Fax No. _____

v. Name and address of sponsoring/forwarding Ministry/Division/Organization/ Department:

B. FOREIGN APPLICANT

i. Name of principal applicant/organization: _____

ii. Address of organization in Pakistan (if exist): _____

Ph. No. _____ Fax No. _____ Telex No. _____

iii. Name and address of their authorized agent/branch, in Pakistan _____

Ph. No. _____ Fax No. _____ Telex No. _____

iv. Address of organization in parent country: _____

2. Purpose for which Inmarsat communication facilities are required:- _____

3. No. of Inmarsat communication facilities to be used:-

Fixed: _____ Mobile _____

4. Location of terminal to be installed: _____

5. Date of commencement of service and period for which license is required:

6. Equipment's detail:

i. Make/type of equipment: _____

ii. Manufacture's name: _____

iii. Model of equipment: _____

iv. Serial number of equipment: _____

v. Dimension of equipment: _____

vi. Weight of equipment: _____

vii. Frequency range: TX _____

RX _____

viii. Description of power supply: Volts _____ Watt: _____

ix. Description of Antenna Height: _____

Type _____

7. Details of desired service (Voice, Telex, Fax, HSD, DHSD etc)

i. On main identification: _____

ii. On 2nd identification if to be used: _____

8. Accounting and Billing details:

a. Accounting authority: Name: _____

Address: _____

Ph: _____ Fax: _____ Telex _____

b. Billing Entity: Name: _____
Address: _____

Ph: _____ Fax: _____ Telex _____

Name of Coast Earth Station to be used: _____

Whether Identity No. allotted from Inmarsat Headquarters:

If YES, Identification No. (i) _____

(ii) _____

DECLARATION

I/We undertake to observe the conditions of the license and certify that the apparatus herein described will be worked in accordance with the provision:

Signature: _____

Designation: _____

Date _____

Name of administration: _____

Stamp _____

FOR OFFICIAL USE ONLY

RECOMMENDED/NOT RECOMMENDED (REASON)

INSTRUCTIONS FOR THE APPLICATIONS

1. The applicant must apply at least 8 weeks in advance for the processing of this application
2. All required information must be duly filled in.
3. Technical literature must also be submitted.
4. The following amount shall be charged as license fee
 - a) Application fee Rs. 1000/-
 - b) License fee per terminal Rs. 25,000/-