



COMMUNICATIONS AUTHORITY OF MALDIVES
MALE' REPUBLIC OF MALDIVES

APPLICATION FORM FOR FREQUENCY ASSIGNMENT

Applicant's information.	
Company/ Name:	
Registration No:	
Contact person:	
Phone No:	email:

Proposed Use of Frequency :	
System Description:	

Station information.	
Station Name:	
Location:	Transmitter :
	Receiver :
Full Address:	
Antenna Information.	
Transportable (Y/N):	Antenna Height(metres): <small>above ground level</small>

Authorised Signature /Name

Company's Stamp

Date

Note: *Relevant official documents should be submitted with this application*

For Office Use		
Assigned Freq:		Code No:
Assigned By:	Signature:	