

**SCHEDULE 1**

**Application for Licence**  
(Regulation 5 (2))

**Information About The Applicant**  
[PRINT IN BLOCK LETTERS]

1. Name of Applicant: .....	2. Business Address: .....		
3. Residential Address: .....	4. Postal Address: .....		
5. Telephone No.: .....	6. Mobile No.: .....		
7. Facsimile No.: .....	8. Email: .....		
9. Tax Identification No. (TIN): .....	10. Are you an undischarged bankrupt, or in the case of a company, is there any winding-up action pending? <div style="text-align: center;"> <table border="1" style="display: inline-table; margin: 0 auto;"> <tr> <td style="padding: 2px 10px;">Yes</td> <td style="padding: 2px 10px;">No</td> </tr> </table> </div>	Yes	No
Yes	No		
11. Names and Registered Address of Directors/Shareholders (in the case of a company): ..... ..... ..... ..... .....			
12. Police Record (provide details of any conviction, or in the case of a company, details of any conviction of the Directors): ..... ..... ..... .....			

13. Please list 2 referees and their contact details:

<u>Referees:</u>	<u>Contact:</u>
1. ....	.....
2. ....	.....

14. Any other relevant information which the applicant wishes to be considered:

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.....

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**Confidentiality**

Please note all information provided by the applicant will be held on a strict commercial-in-confidence basis.

**Declaration**

I, ..... do hereby apply for an **Audio Visual Licence**.

**(Full name of applicant)**

I hereby declare that the information on this application form and the accompanying documentation are true and correct.

**Signed:** .....

**Date:** .....

I, ....., .....

**(Full name of witness)**

**(Occupation)**

do hereby confirm that the applicant signed the application before me and that the applicant fully understands its contents.

**Signed:** .....

**Date:** .....

**Note:**

Witness should be one of the following:
1) Notary Public
2) Commissioner for Oaths
3) Lawyer
4) Doctor
5) Bank Officer
6) Senior Government Official/Public Servant
7) Justice of Peace