
GENERAL NOTICE

NOTICE 1139 OF 2010



Independent Communications Authority of South Africa

Pinmill Farm, 164 Katherine Street, Sandton
Private Bag X10002, Sandton, 2146

DRAFT COMPLIANCE PROCEDURE MANUAL REGULATIONS

- (1) The Independent Communications Authority of South Africa ("The Authority") hereby, in terms of section 4(4) of the Electronic Communications Act, 2005 (Act No 36 of 2005) ("the Act"), read with section 4(3) (j) of the ICASA Act (Act 13 of 2000, as amended) hereby publishes the revised draft Compliance Procedure Manual regulations as contained in the schedule herein.
- (2) A copy of the proposed regulation is available on the Authority's website at <http://www.icasa.org.za> and in the ICASA Library at 164 Katherine Street, PinMill Farm, Sandton Block D, between 08h30 and 16h30, Monday to Friday.
- (3) Interested persons are invited to submit written comments or written representations with regard to the proposed regulations, to be received **by no later than 16h00 on 18 January 2011** by post, hand delivery, facsimile transmission, or electronically (in Microsoft Word) for the attention of:

Ms. Michelle Morgan

Independent Communications Authority of South Africa

Private Bag X10002

Sandton

2146

Delivery address: Block B, Pinmill Farm, 164 Katherine Street, Sandton. Where possible written representations should also be e-mailed to: mmorgan@icasa.org.za or kstofile@icasa.org.za

Enquiries can be directed to the Project Leader on:

Landline: 011 566 3645

Fax: 011 566 3646

(4) All written representations submitted to the Authority pursuant to this notice will be made available for inspection by interested persons at the Authority's library and copies of such representations will be obtainable on the payment of the prescribed fee.

(5) At the request of any person who submits written representations pursuant to this notice, the Authority may determine that such representations or any portion thereof is confidential in terms of section 4D of the ICASA Act. If the request for confidentiality is refused, the person making the request will be allowed to withdraw such representations or portion thereof.

(6) The final regulation will be published in the government gazette.



**Dr SS MNCUBE
CHAIRPERSON**

SCHEDULE

1. PURPOSE OF THE COMPLIANCE PROCEDURE MANUAL

(1) The purpose of the Compliance Procedure Manual is to assist:

- (a) licensees to demonstrate compliance with their obligations by prescribing a uniform manner for submission of reports; and
- (b) the Authority to proactively monitor compliance and to ensure that information is obtained in a consistent format.

2. APPLICATION

The Compliance Procedure Manual applies as follows:

ELECTRONIC COMMUNICATIONS NETWORK SERVICES
& ELECTRONIC COMMUNICATIONS SERVICES:

- Individual Electronic Communications Network Services Licensee ("I-ECNS")
- Class Electronic Communications Network Services Licensee ("C-ECNS")
- Individual Electronic Communications Services Licensee ("I-ECS")
- Class Electronic Communications Services Licensee ("C-ECS")

BROADCASTING SERVICES:

- Individual Broadcasting Services Licensee ("I-BS")
- Class Broadcasting Services Licensee ("C-BS")

POSTAL SERVICES:

- Reserved Postal Services ("RPS")
- Unreserved Postal Services ("UPS")

3. SUBMISSION INSTRUCTIONS

- (1) Documents and other submissions in terms of these Regulations may be submitted to the Authority in hard copy or soft copy unless otherwise specified.
- (2) Where any document is required in terms of these Regulations, it must be submitted to the Authority before 16h00 on the last working day applicable or the following working day, where the applicable date falls on a weekend or public holiday.
- (3) All submissions to the Authority must be signed by an authorised representative with proof of the authorisation in writing.
- (4) Electronic Submissions must be submitted to:

Information in respect of ECN/S:

Compliance Manager ECN/S - ecnscompliance@icasa.org.za

Information in respect of Broadcasting Services:

Compliance Manager Broadcasting – broadcastingcompliance@icasa.org.za

Information in respect of Postal Services:

Compliance Manager Postal – postalcompliance@icasa.org.za

4. MANNER AND FORM OF PAYMENT

- (1) ECNS, ECS and BS licensees must make payments to:

Bank	:	Nedbank
Account No.	:	146-200-292-7
Branch Code	:	146-245
Branch	:	Corporate Client Service-Pretoria
Reference	:	Company Name
Swift Code	:	NEDSAJJ

Account Type: Deposit Account

(2) Postal Services licensees and registrants must make payment to:

Bank : Nedbank
 Account no. : 1454-090-456
 Branch code : 146-245
 Branch : Corporate Client Service - Pretoria
 Reference : Company Name
 Swift Code : NEDSZAJJ
 Account type : Current Account

5. PRESCRIBED FORMS

(1) Where an obligation /requirement exists in a licence or regulation as regards the submission of information addressed herein, these regulations give effect thereto and set out the relevant form to enable the licensee to show compliance with said licence condition/regulation without creating a duplicate obligation.

(2) The Applicable forms are as set out below and application and timeframes are as set out in the relevant Appendix:

APPENDIX

GENERAL FORMS

Standard Terms and Conditions for ECS, ECNS and BS	1
Basic Financial Reporting	2
Universal Service and Access Obligations	3
E-rate Reporting	4
Tariff Reporting	5

SECTORAL PLANNING INFORMATION

Electronic Communications	6A
Postal Services	6B
Broadcasting Services	6C *
Code of Conduct for ECS and ECNS	7A

Code of Practice for Postal Services	7B
Code on People with Disabilities	7C
BROADCASTING	
Class Broadcasting Services (sound)	8
General Logsheet	8A
Advertising Log	8B
Sponsorship Log	8C
Format Factor Log	8D
Music Log	8E
Individual Broadcasting Services (commercial sound)	9
General Logsheet	9A
Sponsorship Log	9B
Format Factor Log	9C
Public Radio General Logsheet	10
Judgements	11
COMPLAINTS	
ECN/S and BS Complaints Reporting	12A
Postal Services Complaints	12B

6. CONTRAVENTIONS AND PENALTIES

Upon a determination of non-compliance with these Regulations by the Complaints and Compliance Committee in terms of the ICASA Act, a fine not exceeding Fifty Thousand Rand (R50 000.00) per contravention may be imposed.

7. SPECIAL PROVISION

In respect of Broadcasting Service Licensees who provide Television Services (whether free-to-air or subscription), a template will not be developed due to the varying nature of the licence conditions contained in the respective licences. Licensees are required to continue submitting reports in the existing format as approved by the Authority.

8. SHORT TITLE AND COMMENCEMENT

- (1) These regulations will come into effect on the date of Publication in the Government Gazette.
- (2) These regulations are called the ICASA Compliance Procedure Manual Regulations, 2010.

APPENDIX 1

STANDARD TERMS AND CONDITIONS FOR ECS, ECNS AND BS

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act and Specific terms and conditions contained in the licence issued to a Broadcasting Service Licensee.

This Form should be submitted Annually and within 21 days of the licensee's Financial Year end.

General Information

1. Licence information

Name of Licensee	
License/s held	
Date submitted	
Period under review	

2. Commencement date (to be provided in first year of operations only):

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3. Organisation status (check one)

<input type="checkbox"/>	Profit Company (specify type in terms of section 8 of the Companies Act, 71 of 2008)	<input type="checkbox"/>	Not for Profit Company
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3.1 Accounting Officer/ Auditor & Contact Details

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4. Licensee Contact details

Name of Contact Person			
Designation		Cell phone	
Telephone		Fax	

Email		Web address	
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5. Information about Licensee

Licensee	% Foreign Ownership	% Local Ownership	% BEE	% Woman-owned

6. Information about Shareholders

Shareholders	Total Shareholding (%)	% BEE	% Woman-owned
1.			
2.			
3.			
4.			

7. Information about Directors

Names of Directors	Citizenship	Race	Gender
1.			
2.			
3.			
4.			

8. Information about Staff

Staff category	Local (SA Citizens)							Expatriates	
	African	Indian	Coloured	White	Male	Female	People with Disabilities	Male	Female
Technical									
Non-technical									
Management									
Non-management									
Interns									
Total									

9. Skills Development and Training (BS only)

The licensee is required to provide information on its Skills Development and Training Initiatives in all aspects of broadcasting including management, on-air presentation, news gathering and production, technical, sales, marketing and advertising. This information must be included in Human Resource policies, a *relevant excerpt* of which must be enclosed with this form.

10. Licence Area (ECNS and BS)

Area specified in the Licence	Actual area covered
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The licensee is required to provide information in a spatial format relating to its coverage area by submitting GPS coordinates of existing transmitters sites in a spreadsheet as an attachment to this form. The information must be accompanied by a map showing the specified/required coverage area and the actual/current coverage area

11. Hours of operations (BS only)

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12. I,, in my capacity as hereby verify that the information provided is true and correct.

13. Signature

Signature			
Designation		Date	

APPENDIX 2

BASIC FINANCIAL REPORTING FORM

PAYMENT OF FEES

(i-ECN, c-ECN, i-ECS, c-ECS, i-BS,c-BS, and RPS)

This Form should be submitted in accordance with the regulations published in terms of sections 5(7) and 89(1) of the Act.

1. Licensee details

Licensee Name:
Licence Number(s):
Financial Year-end:
Period Under Review:

2. Have the financial statements been audited? **Yes / No**

3. Name of Accounting Officer/ Auditor

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4. Auditor / Officer Contact Details

5. Format:

	#Total Revenue=	R 0.00		
1. Revenue from Licenced Services(LS)		R 0.00	R 0.00	
2. Revenue from Other Sources(OS)		R 0.00	R 0.00	
3. Shared Revenue*		R 0.00		Where any revenue is shared, such needs to be

				apportioned using the formula below
3.1 Apportioned Revenue LS		R 0.00		
3.2 Apportioned Revenue OS		R 0.00		
Total Licenced Revenue	Total =	R 0.00		This represent a sum of line 1 and 3.1
	# Total Costs =	R 0.00		
1. Costs Directly Incurred		R 0.00		
2. Unrelated Costs		R 0.00		
3. Shared Costs*		R 0.00		Where any costs is shared, such needs to be apportioned using the formula below
3.1 Apportioned Costs LS		R 0.00		
3.2 Apportioned Costs OS		R 0.00		
Total Costs To be deducted	Total =	R 0.00		This represent a sum of line 1 and 3.1
Gross Profit=	R 0.00			
USAF Fee=	R 0.00			
Annual Licence Fee=	R 0.000			
*Description of the Apportionment principle to be included here.				
#Description of Revenue and Costs as per Management Accounts				

2.

1. I,, in my capacity as hereby verify that the information provided is true and correct.

2. Signature

Signature			
Designation		Date	

APPENDIX 3

UNIVERSAL SERVICE AND ACCESS OBLIGATIONS (ALL LICENSEES)

This Form must be submitted in accordance with Specific Terms and Conditions of the licences issued to each Licensee.

This Form should be submitted bi-Annually in accordance with the Licensee's Financial Year end and within 21 days of the end of each relevant period.

1. Licence information

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

2. Obligations – complete the form below and provide a supplementary report using the same headings to provide further detail, if required.

Licence/Regulation/other where obligation is set out			
Reporting Period			
Description of Licence Obligation			
Measure	Requirement/ Obligation	Achievement	Comments
Quantum, if any			
Distribution			

Type of Rollout			
Service Provided			
Tariffs			
Discounts			
Monitoring & Evaluations			

I,, in my capacity as hereby
verify that the information provided is true and correct.

Signature

Signature			
Designation		Date	

APPENDIX 4

E-RATE FORM (i-ECS, i-ECNS, c-ECS and c-ECNS)

The Form must be submitted in accordance with the regulation published in terms of section 89(1) of the Act

This Form should be submitted Quarterly in accordance with the licensee's Financial Year end and within 21 days of the last day of the applicable period.

1. Licence information

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

2. The following table must be completed by all licensees providing services at E-rate:

Name of Educational Institution	Contract signed? (date)	Services provided	City, Province	Effective date	Service cancelled	If yes, when resumed

3. I,, in my capacity as hereby verify that the information provided is true and correct.

4. Signature

Signature			
Designation		Date	

APPENDIX 5

TARIFF REPORTING FORM

(i-ECS, i-ECNS, c-ECS and c-ECNS)

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act.

This Form should be submitted bi-Annually on 31 March and 30 September, or the following working day where these dates fall outside of a working day.

1. Licence information

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

2. Tariffs

2.1. Prepaid Services

RECORD OF PREPAID SERVICES PROVIDED AND ACTUAL SERVICES CHARGED DURING THE PREVIOUS SIX MONTHS

		<Insert name of prepaid tariff plan>					
	Service	Month1	Month2	Month3	Month4	Month5	Month6
General	Billing method (per second or per minute)						
	Inclusive minutes (Value) and other benefits						
Mobile to Mobile voice calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed voice calls	Off-net (peak)						
	Off-net (off-peak)						
VA S Ca lls	Peak						

Mobile to Mobile video calls	Off-peak						
	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed video calls	Off-net (peak)						
	Off-net (off-peak)						
Mobile to Mobile SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to Mobile MMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
International mobile to mobile voice calls	Voice calls (peak) <please specify country or country grouping>						
	Voice calls (off-peak) <please specify country or country grouping>						
International mobile to fixed voice calls	Voice calls (peak) <please specify country or country grouping>						
	Voice calls (off-peak) <please specify country or country grouping>						
International mobile to mobile video calls	Video calls (peak) <please specify country or country grouping>						
	Video calls (off-peak) <please specify country or country grouping>						
International mobile to fixed video calls	Video calls (peak) <please specify country or country grouping>						
	Video calls (off-peak) <please specify country or country grouping>						
International mobile to mobile SMS	SMS (peak) <please specify country or country grouping>						
	SMS (off-peak) <please specify country or country grouping>						

International mobile to fixed SMS	SMS (peak) <please specify country or country grouping>						
	SMS (off-peak) <please specify country or country grouping>						
International mobile to mobile MMS	MMS (peak) <please specify country or country grouping>						
	MMS (off-peak) <please specify country or country grouping>						

2.2. Postpaid Services

RECORD OF POSTPAID SERVICES PROVIDED AND ACTUAL SERVICES CHARGED DURING THE PREVIOUS SIX MONTHS

		<Insert name of postpaid tariff plan>					
	Service	Month1	Month2	Month3	Month4	Month5	Month6
General	Billing method (per second or per minute)						
	Connection fee						
	Call Line Identity Presentation fee						
	Itemised Billing fee						
	Fixed monthly charge						
	Inclusive Minutes (Value) and other benefits						
Mobile to Mobile voice calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed voice calls	Off-net (peak)						
	Off-net (off-peak)						
VAS Calls	Peak						
	Off-peak						
Mobile to Mobile video calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed video calls	Off-net (peak)						
	Off-net (off-peak)						
Mobile to Mobile SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						

Mobile to fixed SMS	Off-net (off-peak)								
	On-net (peak)								
	On-net (off-peak)								
	Off-net (peak)								
	Off-net (off-peak)								
Mobile to Mobile MMS	On-net (peak)								
	On-net (off-peak)								
	Off-net (peak)								
	Off-net (off-peak)								
International mobile to mobile voice calls	Voice calls (peak) <please specify country or country grouping>								
	Voice calls (off-peak) <please specify country or country grouping>								
International mobile to fixed voice calls	Voice calls (peak) <please specify country or country grouping>								
	Voice calls (off-peak) <please specify country or country grouping>								
International mobile to mobile voice calls	Video calls (peak) <please specify country or country grouping>								
	Video calls (off-peak) <please specify country or country grouping>								
International mobile to fixed voice calls	Video calls (peak) <please specify country or country grouping>								
	Video calls (off-peak) <please specify country or country grouping>								
International mobile to mobile SMS	SMS (peak) <please specify country or country grouping>								
	SMS (off-peak) <please specify country or country grouping>								
International mobile to fixed SMS	SMS (peak) <please specify country or country grouping>								
	SMS (off-peak) <please specify country or country grouping>								
International mobile to mobile MMS	MMS (peak) <please specify country or country grouping>								
	MMS (off-peak) <please specify country or country grouping>								

2.3. Top-up Contract

RECORD OF TOP-UP SERVICES PROVIDED AND ACTUAL SERVICES CHARGED DURING THE PREVIOUS SIX MONTHS

		<Insert name of Top-Up tariff plan>					
	Service	Month1	Month2	Month3	Month4	Month5	Month6
General	Billing method (per second or per minute)						
	Connection fee						
	Call Line Identity Presentation fee						
	Itemised Billing fee						
	Fixed monthly charge						
	Inclusive Minutes (Value) and other benefits						
Mobile to Mobile voice calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed voice calls	Off-net (peak)						
	Off-net (off-peak)						
VAS Calls	Peak						
	Off-peak						
Mobile to Mobile video calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed video calls	Off-net (peak)						
	Off-net (off-peak)						
Mobile to Mobile SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to fixed SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Mobile to Mobile MMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Internet	Per MB (peak)						
	Per MB (off-peak)						

International mobile to mobile voice calls	Voice calls (peak) <please specify country or country grouping>							
	Voice calls (off-peak) <please specify country or country grouping>							
International mobile to fixed voice calls	Voice calls (peak) <please specify country or country grouping>							
	Voice calls (off-peak) <please specify country or country grouping>							
International mobile to mobile voice calls	Video calls (peak) <please specify country or country grouping>							
	Video calls (off-peak) <please specify country or country grouping>							
International mobile to fixed voice calls	Video calls (peak) <please specify country or country grouping>							
	Video calls (off-peak) <please specify country or country grouping>							
International mobile to mobile SMS	SMS (peak) <please specify country or country grouping>							
	SMS (off-peak) <please specify country or country grouping>							
International mobile to fixed SMS	SMS (peak) <please specify country or country grouping>							
	SMS (off-peak) <please specify country or country grouping>							
International mobile to mobile MMS	MMS (peak) <please specify country or country grouping>							
	MMS (off-peak) <please specify country or country grouping>							

2.4.Prepaid and Postpaid Data

RECORD OF DATA SERVICES PROVIDED AND ACTUAL SERVICES CHARGED DURING THE PREVIOUS SIX MONTHS

Prepaid or Postpaid	Line Rental Fee	Bundle name	Bundle size	Monthly fixed charge	In-bundle rate	Out-of- Bundle rate

2.5. Pay TV subscription tariff template

	Period	Period	Period	Pei
Name of package				
Number of channels (attach a list and short description of the channels)				
Monthly subscription fee				
Connection fee				
Re-connection fee				
Fee per out-of-bundle channel(s)				

3. I,, in my capacity as hereby verify that the information provided is true and correct.

4. Signature

Signature			
Designation		Date	

APPENDIX 6A

SECTORAL PLANNING DATA (i-ECNS, C-ECNS, i-ECS and c-ECS)

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act.

This Form should be submitted Annually within 21 days of the licensee's Financial Year end.

1. Subscribers (I-ECS, C-ECS)

Category of subscribers	Number of subscribers			
	Q1	Q2	Q3	Q4
Post paid				
Prepaid				
Data (provide description)				
Churn Rate				

2. Retail Revenue

Category	Q1	Q2	Q3	Q4
Post paid				
Prepaid				
Data (provide description)				

3. Number Portability

MOBILE NUMBER PORTABILITY	Q1	Q2	Q3	Q4
Number of Subscribers ported out				
Number of Subscribers ported in:				
GEOGRAPHIC NUMBER PORTABILITY				
Number of Subscribers ported out:				
Number of Subscribers ported				

in:

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4. **Network Coverage (I-ECNS, C-ECNS)**

Complete for each type of network (e.g. GSM, 3G, WIMAX, etc)

2.1 **Network Type:**

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Geographic coverage (%)	Population coverage (%)

2.2 **Network Type:**

--

Geographic coverage (%)	Population coverage (%)

2.3 **Network Type:**

--

Geographic coverage (%)	Population coverage (%)

5. I,, in my capacity as hereby verify that the information provided is true and correct.

6. **Signature**

Signature			
Designation		Date	

APPENDIX 6B

SECTORAL PLANNING DATA

POSTAL SERVICES (RPS)

This Form must be submitted in accordance with section 22 (d) of the Postal Services Act.

This Form should be submitted Quarterly in accordance with the licensee's Financial Year end and within 21 days of the last working day of the applicable period.

1. Outlets Information (RPS)

Post office name/reference	Location	No. of installed letter boxes	No. of letter boxes in use	No. of post offices with internet connectivity	No. of staff

2. Postal Addresses (RPS)

Indicator	Target	Achieved
Addresses (previous year)		
Addresses Added (current year)		
Total Addresses		
Total Addresses (Underserviced Areas)		

3. Commencement Date (to be provided in first year of operations only)

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4. Visibility

Requirements	Target	Achievement (%)	Comments
Corporate signage	Displayed at all branches		
Branch code	Displayed at all outlets		

Display of business hours	Displayed at all outlets		
Collection frequencies and clearing times	Displayed at all outlets		
Products and services	Displayed at all outlets		
Code of conduct	Displayed at all outlets		
Complaint procedures and Dispute Resolution	Displayed at all outlets		
Share call number, email and fax numbers at customer contact centres	Displayed at all outlets		
Regional/provincial contact details	Displayed at all outlets		

5. **Accessibility**

Requirement	Target	Achievement (Number)	Total available (Number)
Access to people with disabilities	At all outlets		
Parking bays for people with disabilities	At all outlets		
Implementation of electronic payment systems for the payment of postal services	At all outlets		
Height of counters	At all outlets		

6. **Queuing time**

Queuing time for customers at all outlets	<7 minutes		
Province	Number of outlets	Average queuing time (minutes, seconds)	Comments
Eastern Cape			
Free State			
Gauteng			
Kwa-Zulu Natal			
Limpopo			
Mpumalanga			
Northern Cape			

North West			
Western Cape			

7. Language

7.1 List the languages available at postal outlets (check) and indicate the number of postal outlets offering each language:

"X"	Language	Number of outlets
	Afrikaans	
	English	
	isiNdebele	
	Sepedi	
	Sesotho	
	siSwati	
	xiTsonga	
	Setswana	
	tshiVenda	
	isiXhosa	
	isiZulu	

7.2 Total number of languages available:

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8. Retail Outlet Roll-Out

Targets are applicable as per approved licence conditions. Province	Number of existing outlets	Number of outlets to be rolled out (Target)		Outlets Relocated		Outlets Refurbished / upgraded	
		Target	Actual	Target	Actual	Target	Actual
Eastern Cape							
Free State							
Gauteng							
Kwa-Zulu Natal							

Limpopo							
Mpumalanga							
Northern Cape							
North West							
Western Cape							

Requirement	Target	Actual/Current Ratio (%)	Number of compliant outlets
Postal outlets must always be available	Specify the approved target as contained in the Licence		
Postal outlets must always be available	As per approved target in the Licence		

9. Security

Requirement	Standard	Target	Achievements (%)
Safety of mail Safety of postal users when using postal facilities	Information about insurance on parcels or mail should be communicated to customers	At all times	
Mail violation Lost Parcels Crime bust line	Facilities should be manned by security guards and warning signals be displayed	At all times	
	Security on mail and other postal crimes should be enhanced	At all times	

10. I,, in my capacity as hereby verify that the information provided is true and correct.

11. **Signature**

Signature			
Designation		Date	

APPENDIX 6C

SECTORAL PLANNING

(i-BS)

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act.

This Form should be submitted Annually within 21 days of the licensee's Financial Year end.

1. Audience Measurement

Number of Viewers(FTA TV)/Listeners(RADIO)/Subscribers(PayTV)			
Q1	Q2	Q3	Q4

2. Sector Revenue

Category	Revenue			
	Q1	Q2	Q3	Q4
Advertising				
Promotions				
Subscriptions				
Other (Please Specify)				

3. I,, in my capacity as hereby verify that the information provided is true and correct.

4. Signature

Signature	
Designation	Date

APPENDIX 7 A

CODE OF CONDUCT FOR ECS AND ECNS

(i-ECN, C-ECN, i-ECS and c-ECS)

This Form should be submitted in accordance with the regulations published in terms of sections 69(1) of the Act.

This Form should be submitted within 21 days of the end of each Quarter of the licensee's Financial Year end.

Name of Licensee	
License/s held	
Date submitted	
Period under review	
Website where CoC published	

Section A

1. Licensee to complete the checklist below and confirm that the Code of Conduct includes the following (mark the first column with an "X"):

"X"	Requirement	Page / Paragraph Number
X	Publication of Code	Attached
	Use of official languages	
	Inform customers about their rights	
	Inform customers of broad range of services/products	
	Publication of applicable tariffs and fees	
	Contract terms and conditions	
	Protection of consumer confidentiality	
	Charging, billing, collection and credit practices	
	Complaint handling process and procedure	
	Applicable remedies for defective products	
	Operational/implementation and evaluation process	

List the languages available at call centres (check):

<input type="checkbox"/>	Afrikaans	<input type="checkbox"/>	Tsonga
<input type="checkbox"/>	English	<input type="checkbox"/>	Tswana
<input type="checkbox"/>	Ndebele	<input type="checkbox"/>	Venda
<input type="checkbox"/>	Pedi	<input type="checkbox"/>	Xhosa
<input type="checkbox"/>	Sotho	<input type="checkbox"/>	Zulu
<input type="checkbox"/>	Swati	<input type="checkbox"/>	

Total number of languages available:

--

2. I,, in my capacity as hereby verify that the information provided is true and correct.

3. Signature

Signature	
Designation	
Date	

APPENDIX 7 B

CODE OF PRACTICE FOR POSTAL SERVICES (RPS and UPS)

This Form should be submitted in accordance with the regulations published in terms of sections 8 of the Postal Services Act 124 of 1998, as amended.

This Form should be submitted Quarterly in accordance with the licensee's Financial Year end and within 21 days of the last working day of the applicable period.1.

1. Standards

"X"	Standards
	Treat customers with respect and dignity;
	Display utmost courtesy and care when dealing with the aged and disabled persons
	Endeavour to communicate with customers in the language of their choice as far as it is practicable and possible;
	Display at outlets in the public area, information pertaining to customer complaints resolution procedures;
	Ensure that all complaints received are recorded appropriately and resolved in a courteous, efficient and fair manner;
	Be responsible to customers for a healthy, safe and secure environment when conducting our business
	Timeously communicate queuing times and other relevant customer information to customers.

2. I,, in my capacity as hereby verify that the information provided is true and correct.

3. Signature

Signature			
Designation		Date	

APPENDIX 7C

CODE ON PEOPLE WITH DISABILITIES

(i-ECS, i-ECNS, c-ECS, c-ECNS and i-BS)

This Form should be submitted in accordance with the regulations published in terms of section 70 of the Act.

This Form should be submitted Annually and within 21 days of the end of the licensee's Financial Year.

1. Licence information

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

Section A

ECNS and ECS to complete Section A:

2. Services provided by licensee (check)

	Service can be found at:	Availability (check)
Access to emergency services		
Operator assisted services		
Directory enquiries		
Access to relay system that interfaces with text and voice users		

3. Public Access Devices/Public Phones

Total Number	
---------------------	--

Service	Implementation by Licensee	% of Total
Compatible with hearing aids		%
Text phone services		%
Height usable for people who are wheelchair bound		%
Amplification		%
Ramp Access		%
Visible signage at location		%

4. Community Service Telephones (CST)

Total Number	
Service	% of Total
Height usable for people who are wheelchair bound	%
Amplification	%
Ramp Access	%
Supplementary data offerings (list)	

5. Information

5.1 Are terms and conditions and other publicly available information availed to visually impaired subscribers/end-users upon request in appropriate formats? How?

5.2 Are adverts and promotions in respect of products and services made available to organisations for people with disabilities upon request?

Section B

Broadcasting Services Licensees must complete the following checklist:

Improving Accessibility

1. Services are available and accessible to people with disabilities and provide the following (check whichever is applicable):

"X"	Service
	Improve and/ or increase subtitles
	Expand the knowledge on various adjustments such as induction loops, Minicom text-phones and alternative computer software
	Access to programme support, such as fact sheets
	Websites to offer a range of formats, including electronic versions, Braille and audiotape
	Use of spoken language where economic indicators, weather details, telephone numbers and address or details of goods and services are shown on-screen
	Use of non-scheduled services such as access via personal video Digital Recorders (PVRs) TV anytime
	Monitor services effectiveness through surveys with organisations for people with disabilities and stakeholders (submit copies of results)

2. Broadcasting content should not stereotype people with disabilities. Programming must be developed in conjunction and for people with disabilities. Complete the following to indicate how the licensee has:

- 2.1 Pro-actively engaged people with disabilities in programming of every genre

- 2.2 Established links with organisations for people with disabilities to generate story ideas and to identify potential contributors, including establishing a database of people with disabilities

- 2.3 Included people with disabilities into studio audiences

3. I,, in my capacity as hereby
verify that the information provided is true and correct.

4. Signature

Signature			
Designation		Date	

APPENDIX 8

BROADCASTING: PROGRAMME RECORD

(c-BS)

Appendix 8A applies only to c-BS for Community Radio.

Appendix 8A and 8B are to be submitted monthly.

Appendix 8C, 8D and 8E are to be submitted upon request.

Licensees need only sign one declaration form to accompany all appendices herein

1. Licence information

Name of Licensee	
Licence Number	
Signal Distributor	
Contact Details	
Physical Address	
Period under review	

2. I,, in my capacity as hereby verify that the information provided is true and correct.

3. Signature

Signature			
Designation		Date	

FORM: 8A**GENERAL LOGSHEET**

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act

This Form should be submitted Monthly

1. GENERAL PROGRAMMING

MONTH: _____ Year: _____

		WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL
CATEGORIES		Time/ Min.	Time/ Min.	Time/ Min.	Time/ Min.	Time/ Min.	Total%
1.	NEWS						
2.	FACTUAL PROGRAMMES						
3.	WOMEN'S PROGRAMMES						
4.	CHILDREN'S PROGRAMMES						
5.	PHONE-IN PROGRAMMES						
6.	LOCAL DRAMA						
7.	EDUCATIONAL						
8.	RELIGIOUS PROGRAMMES						
9.	COMMUNITY ANNOUNCEMENTS						
10.	ADVERTISING						
11.	OTHER (SPECIFY)						
							100%

2. MUSIC

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	%
SA MUSIC: # of tracks							
FOREIGN MUSIC: # of tracks							

3. NEWS

<i>NEWS</i>	Average Daily %	
%Local/Community News		
% Regional News		
% National News		
% International News		

% SELF ORIGINATED		
% FROM OTHER SOURCES		

News sources used:

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

FORM: 8B**PRO-FORMA ADVERTISING LOG**

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act.

This Form should be submitted Monthly

MONTH _____

	Advert	Date broadcast	Time	Duration	Description
1					
2					
3					
4					
5					
6					
7					
8					
9					
11					
12					
13					
14					
15					

FORM: 8C**PRO-FORMA SPONSORSHIP LOG**

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act.

SUBMISSION UPON REQUEST.

Month: _____		Year: _____	
DATE	TYPE OF PROGRAMME OR ACTIVITY	PAYMENT DETAILS	VALUE (R)

FORM: 8D**FORMAT FACTOR LOG SHEET**

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act.

SUBMISSION UPON REQUEST

Month: _____

Table 1: Coverage of live music

	Event covered	Date	Time	Duration	Format Factor
1.					
2.					
3.					
4.					
5.					
6.					

Table 2: Interviews with South African Musicians

	Artist Interviewed	Date	Time	Duration	Format Factor
1.					
2.					
3.					
4.					
5.					
6.					

Table 3: Promoting tracks by new musicians

	New Track	Artist	Date	Time	Format Factor
1.					
2.					
3.					
4.					
5.					
6.					

FORM: 8E**PRO-FORMA MUSIC LOG**

This Form should be submitted in accordance with the ICASA South African Music Content Regulations, 2006 (Notice 153 in Government Gazette # 28453 of 31 January 2006).

SUBMISSION UPON REQUEST

DATE:

TIME SLOT: _____

PRESENTER: _____

AUTHORISED BY: _____

#	Track Title	Musician(s)	South African* (Tick)	Foreign (Tick)	If SA, state basis* for e.g. 1&2, 1,3&4 etc.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
=					
%					

APPENDIX 9

(i-BS)

Appendix 9 applies only to i-BS for Commercial Radio.

Appendix 9A and 9B are to be submitted quarterly..

Appendix 9C is to be submitted upon request.

This cover page is to accompany the submission of any of the appendices in 9A. Licensees need only submit one cover sheet to accompany all appendices herein.

1. Licence information

Name of Licensee	
Licence Number	
Signal Distributor	
Contact Details	
Physical Address	
Period under review	

2. I,, in my capacity as hereby verify that the information provided is true and correct.

3. Signature

Signature			
Designation		Date	

FORM: 9A**GENERAL LOGSHEET**

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act, Specific terms and conditions contained in the licence issued to a Broadcasting Service Licensee as well as the ICA SA South African Music Content Regulations, 2006 (Notice 153 in Government Gazette # 28453 of 31 January 2006).

This Form should be submitted Quarterly in accordance with the licensee's Financial Year and within 21 days of the end of the relevant period.

1. GENERAL DETAILS

Format: _____

Language: _____

Month: _____

2. PROGRAMMES BROADCAST

PROGRAMMES BROADCAST		
TIMESLOT	NAME OF PROGRAMME	BRIEF DESCRIPTION OF PROGRAMMES

3. MUSIC

MUSIC			
DATE (START AND ENDING)	No. Of SA Music Tracks	No. Foreign Music Tracks	Total % of SA Music
WEEK 1			
WEEK 2			
WEEK 3			

WEEK 4			
WEEK 5			

4. NEWS*

NEWS					
CATEGORY	South African (Minutes/18 Hours)	International (Minutes/18 Hours)	% Self Originated	% From Other Sources**	Total % of SA Music
WEEK 1					
WEEK 2					
WEEK 3					
WEEK 4					
WEEK 5					

*Total of news, including South Africa and non-South African news, broadcast during the period 05:00-23:00

**This refers to news items not originated by the broadcaster itself.

NEWS: SOURCES USED:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

FORM: 9B**PRO-FORMA SPONSORSHIP LOG**

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act and Specific terms and conditions contained in the licence issued to a Broadcasting Service Licensee.

This Form should be submitted Quarterly in accordance with the licensee's Financial Year end and within 21 days of the last working day of the applicable period.

Broadcaster: _____

Month (s): _____

Year: _____

DATE	TYPE OF PROGRAMME OR ACTIVITY*	PAYMENT DETAILS	VALUE (R)

* Activity includes: programmes, news, game shows, welfare activities or similar programming (together with details of payment, financial or otherwise received for such sponsorship)

FORM: 9C

FORMAT FACTOR LOG SHEET FOR RADIO

This Form should be submitted in accordance with the ICASA South African Music Content Regulations, 2006 (Notice 153 in Government Gazette # 28453 of 31 January 2006).

SUBMISSION UPON REQUEST

MONTH: _____

Table 1: Coverage of live music

	Event covered	Date	Time	Duration	Format Factor
1.					
2.					
3.					
4.					
5.					
6.					

Table 2: Interviews with South African Musicians

	Artist Interviewed	Date	Time	Duration	Format Factor
1.					
2.					
3.					
4.					
5.					
6.					

Table 3: Promoting tracks by new musicians

	New Track	Artist	Date	Time	Format Factor
1.					
2.					
3.					
4.					
5.					
6.					

APPENDIX 10

PUBLIC RADIO GENERAL LOGSHEET

Appendix 10 applies only to i-BS for Commercial Radio.

This Form should be submitted in accordance with the regulations published in terms of section 8(1) of the Act and Specific terms and conditions contained in the licence issued to a Broadcasting Service Licensee.

This Form should be submitted Quarterly in accordance with the licensee's Financial Year end and within 21 days of the last working day of the applicable period.

MONTH: _____

YEAR: _____

1. GENERAL PROGRAMMING

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL
CATEGORIES	Time/ Min.	Time/ Min.	Time/ Min.	Time/ Min.	Time/ Min.	Total %
1. NEWS (Weekdays)						
(Sat)						
(Sun)						
2. CURRENT AFFAIRS (Weekdays)						
(Sat)						
(Sun)						
3. FACTUAL PROGRAMMES						
4. WOMEN'S PROGRAMMES						
5. CHILDREN'S PROGRAMMES						
6. FOREIGN DRAMA						
7. LOCAL DRAMA						
8. EDUCATIONAL						
9. INFORMAL * KNOWLEDGE						
10. RELIGIOUS PROGRAMMES						
11. PUBLIC SERVICE						

	ANNOUNCEMENTS						
12.	ADVERTISING						
13.	OTHER (SPECIFY)						
							100%

2. MUSIC

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	%
SA MUSIC: # of tracks							
FOREIGN MUSIC: # of tracks							

APPENDIX 11

JUDGEMENT FORM

(i-BS and c-BS)

This Form must be submitted in accordance with Specific Terms and Conditions of the licences issued to Broadcasting Service Licensees.

Licence information

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

2. Judgment against:

2.1 Licensee? Yes / No

2.2 Director? Yes / No

Name	
ID Number	

2.3 Senior management? Yes/No

Name	
ID Number	

3. Conviction (Description):

4. Date of Conviction:

--

5. Case Number & Court:

--

6. Sentence:

7. I,, in my capacity as hereby verify that the information provided is true and correct.

8. Signature

Signature			
Designation		Date	

APPENDIX 12A

COMPLAINTS REPORT

(ECS, ECNS, BS)

This Form should be submitted in accordance with the regulations published in terms of sections 69(3) and 54(1) of the Act.

This Form should be submitted bi-annually and within 21 days of the relevant period in accordance with the licensee's Financial Year end.

1. Licence information

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

2. Licensees' Point of Contact for Complaints:

Name	
Designation	
Phone	
Email	
Website	

3. Complaints Report

3.1 A bi-annual report on Complaints is to be submitted to ICASA which must comply with the following:

- Capture all complaints received in the reporting period
- Separate tables for (1) Complaints resolved and (2) Pending/Escalated Complaints
- For Complaints resolved:
 - Type of Complaints
 - Captured on a monthly basis
 - Average time for resolution

Complaints Resolved

Type of Complaint	Month 1	Month 2	Month3	Month 4	Month 5	Month 6	Average Time For Resolution (per type)
Type1							Days
Type2							Days
Type3							Days
Type 4							Days
Average Time For Resolution (per month)	Days	Days	Days	Days	Days	Days	

- **For Complaints pending/escalated:**
 - Details of Complainant
 - Brief Description of Complaint
 - Dates of receipt
 - Dates of response
 - Brief description of response by licensee

Pending/ Escalated Complainants

Complainant Details / Reference number	Description of Complaint	Date of Receipt	Date of Response	Description of response

4. Attach a copy of the complaints procedures published by your organisation and indicate on the cover page where they have been published (i.e. website, shops, etc).
5. I,, in my capacity as hereby verify that the information provided is true and correct.

6. Signature

Signature			
Designation		Date	

APPENDIX 12B

POSTAL SERVICES COMPLAINTS REPORT

This Form should be submitted in accordance with the regulations published in terms of sections 8 of the Postal Services Act, 124 of 1998 as amended.

This Form should be submitted Quarterly in accordance with the licensee's Financial Year and within 21 days of the end of the relevant period.

1. **Licence information**

Name of Licensee	
License/s held	
Registration or ID Number	
Date submitted	
Period under review	

2. **Number of Complaints** (complete for relevant months in this quarter and include previous quarters in the same financial year for completeness)

Requirements	Number Received	Number resolved	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			

November			
December			
TOTAL (to date)			

3. Complaints Log

	Complainant name, surname	Date received	Date Resolved	Average time taken to resolve	Nature of Complaint
Eastern Cape					
Free State					
Gauteng					
KwaZulu Natal					
Limpopo					
Mpumalanga					
Northern Cape					
North West					
Western Cape					

4. Lost items

Month	Number Lost items	Comments
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

TOTAL (to date)		
-----------------	--	--

5. **Waiting List for post boxes**

Month	Number of application of waiting list	Number of applications removed from waiting list	Average waiting period
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTAL (to date)			

6. Attach a copy of the complaints procedures published by your organisation and indicate on the cover page where they have been published (i.e. website, shops, etc).
7. I,, in my capacity as hereby verify that the information provided is true and correct.

8. **Signature**

Signature			
Designation		Date	