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## GENERAL NOTICES

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### NOTICE 902 OF 2011



#### **Independent Communications Authority of South Africa**

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

### **COMPLIANCE PROCEDURE MANUAL REGULATIONS**

I, Dr Stephen Mncube, Chairperson of the Independent Communications Authority of South Africa ("The Authority") hereby confirm that the regulations contained herein were made in terms of section 4(3) (j) of the ICASA Act 13 of 2000, as amended, and approved for final publication by the Council of the Authority.

A handwritten signature in black ink, appearing to be 'SS Mncube', written over a horizontal line.

**Dr SS MNCUBE**  
**CHAIRPERSON**

## SCHEDULE

### 1. DEFINITIONS

In these Regulations, any word or expression has the meaning assigned to it in the Electronic Communications Act, 2005 (Act No 36 of 2005), unless otherwise specified -

**“Act”** means the Electronic Communications Act, 2005 (Act No. 36 of 2005);

**“Authority”** means the Independent Communications Authority of South Africa established by section 3 of the Independent Communications Authority of South Africa Act, 2000 ( Act No. 13 of 2000);

**“Authority’s Financial year end”** means the period ending 31 March;

**“Broadcasting Service (BS)”** means a broadcasting service as defined in the Electronic Communications Act; 2005;

**“Electronic Communications Network Services (ECNS)”** means an electronic communications network services as defined in the Electronic Communications Act; 2005;

**“Electronic Communications Services (ECS)”** means an electronic communications services as defined in the Electronic Communications Act; 2005;

**“Licensee”** means the person named in the Licence;

**“Reserved Postal Services (RPS)”** means a service as defined in the Postal Services Act 124 of 1998 as amended; and

**“Unreserved Postal Services (UPS)”** means a service as defined in the Postal Services Act 124 of 1998 as amended.

## **2. PURPOSE OF THE REGULATIONS**

The purpose of these regulations is to assist the Authority to proactively monitor compliance and to ensure that information is obtained in a consistent format.

## **3. APPLICATION**

These regulations apply to all licensees issued with a licence in terms of chapters 3 and 9 of the Act and in terms of the Postal Services Act, 1998 (Act 124 of 1998).

## **4. SUBMISSION INSTRUCTIONS**

- 4.1. Documents and other submissions in terms of these Regulations may be submitted to the Authority in hard copy and soft copy.
- 4.2. Where any document is required in terms of these Regulations, such information 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.
- 4.3. All submissions to the Authority must be signed by an authorised representative.

## **5. PRESCRIBED FORMS**

- 5.1. Where a requirement exists in a licence or regulation with regard to the submission of information, these regulations set out the relevant forms to enable the licensee to show compliance with the said licence condition/regulation without creating a duplicate obligation.
- 5.2. The prescribed forms in these regulations are as follows:

**GENERAL FORMS**

- a) Form 1: Standard Terms and Conditions for ECS, ECNS and BS
- b) Form 2: Basic Financial Reporting
- c) Form 3: Universal Service and Access Obligations
- d) Form 4: E-rate Reporting
- e) Form 5: Tariff Reporting

**SECTORAL PLANNING INFORMATION**

- f) Form 6A: Electronic Communications
- g) Form 6B: Broadcasting Services

**CODE OF CONDUCT**

- h) Form 7A: Code of Conduct for ECS and ECNS
- i) Form 7B: Code of Practice for Postal Services
- j) Form 7C: Code on People with Disabilities

**BROADCASTING**

- k) Form 8: Class Broadcasting Services (sound)
- l) Form 8A: General Log sheet
- m) Form 8B: Advertising Log
- n) Form 8C: Sponsorship Log
- o) Form 8D: Format Factor Log
- p) Form 8E: Music Log
- q) Form 9: Individual Broadcasting Services (commercial sound)
- r) Form 9A: General Log sheet
- s) Form 9B: Sponsorship Log
- t) Form 9C: Format Factor Log
- u) Form 10: Public Radio General Logsheet
- v) Form 11: Judgements

**COMPLAINTS**

- w) Form 12A: ECN/S and BS Complaints Reporting
- x) Form 12B: Postal Services Complaints

**STANDARDS**

- y) Form 13: Customer Care (RPS)
- z) Form 14: Courier Undertaking (UPS)

**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**

These Regulations apply to television broadcasting service licensees. However, television broadcasting service licensees are still required to demonstrate compliance with their specific licence terms and conditions, as contained in their licence.

**8. SHORT TITLE AND COMMENCEMENT**

These regulations are called the ICASA Compliance Procedure Manual Regulations, 2011 and shall come into effect on the date of Publication in the Government Gazette.

# FORM 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, Regulations Regarding Standard Terms and Conditions for Class and Individual license and Specific terms and conditions contained in the licence issued to a Broadcasting Service Licensee.

This Form should be submitted annually in accordance with the Authority's Financial Year.

#### General Information

##### 1. Licence information

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

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

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##### 3. Organisation status (tick one column below)

<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

<b>Name of Contact Person</b>	
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<b>Designation</b>		<b>Cell phone</b>	
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>		<b>Web address</b>	

## 5. Information about Ownership

<b>Licensee</b>	<b>% Foreign Ownership</b>	<b>% Local Ownership</b>	<b>% HDI</b>	<b>% Woman-owned</b>	<b>% Disabled</b>

## 6. Information about Shareholders

<b>Shareholders</b>	<b>Total Shareholding (%)</b>	<b>% HDI</b>	<b>% Woman-owned</b>	<b>% Disabled</b>
1.				
2.				
3.				
4.				

## 7. Information about Directors

<b>Names of Directors</b>	<b>Citizenship</b>	<b>Race</b>	<b>Gender</b>
1.			
2.			
3.			
4.			

## 8. Information about Staff

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

## 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.

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 transmitter sites or points of presence in a spreadsheet as an attachment to this form, or as a suitable Vector or Raster based GIS file. 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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	



**FORM 2**

**BASIC FINANCIAL REPORTING FORM**

**PAYMENT OF LICENCE AND USAF FEES**

**(I-ECNS, C-ECNS, I-ECS, C-ECS, I-BS, C-BS, and RPS)**

This Form should be submitted in accordance with the Licence Fees, Standard Terms and Conditions, USAF Regulations and specific terms and conditions where applicable

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:

CALCULATION OF LICENCE FEES		
REGULATED REVENUE		
1. Revenue from Licensed Services* as disclosed in Audited Annual Financial Statements		R 0.00

2. Breakdown of Revenue from Other Services		R 0.00
<b>Total Revenue as per AFS</b>		<b>R 0.00</b>
<b>REGULATED COSTS</b>		
1. Breakdown of Costs from Licensed Services as disclosed in Audited Annual Financial Statements		R 0.00
2. Other Operating Costs		R 0.00
<b>Total Costs as per Audited Annual Financial Statements</b>		<b>R 0.00</b>
Revenue from Licensed Services		R 0.00
Costs from Licensed Services		R 0.00
<b>Gross Profit</b>		<b>R 0.00</b>
<b>Payable licence fees @1.5%</b>		<b>R 0.00</b>

<b>CALCULATION OF USAF CONTRIBUTION</b>		
<b>Annual Turnover</b>		R 0.00
<b>Less allowable deductions</b>		R 0.00
<b>USAF Fee at 0.2% of Annual Turnover</b>		R 0.00

\*A licensed service is any revenue that a Licensee generates as a result of the licence issued by the Authority.

6. The Authority may, in the course of carrying out its obligations, request any other relevant information that may be required
7. I, ....., in my capacity as ..... hereby verify that the information provided is true and correct and have been reviewed by an Auditor/Accounting Officer.
8. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

## FORM 3

### UNIVERSAL SERVICE AND ACCESS OBLIGATIONS (ECNS, BS and Postal Service Licensees where applicable)

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

#### SECTION A: To be completed by ECNS, ECS and BS

This Form should be submitted bi-annually in accordance with the Authority's Financial Year.

##### 1. Licence information

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Registration or ID Number</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

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

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

<b>Distribution</b>			
<b>Type of Rollout</b>			
<b>Service Provided</b>			
<b>Tariffs</b>			
<b>Discounts</b>			
<b>Monitoring &amp; Evaluations</b>			

**SECTION B: To be completed by Reserved Postal Services.**

**This Form should be submitted Quarterly in accordance with the Authority's Financial Year end within 21 days of the end of each relevant period**

**3. Postal Addresses (RPS)**

<b>Address Roll - Out</b>	<b>Target</b>	<b>Achieved</b>
<b>Street addresses</b>		
<b>Post Boxes</b>		
<b>Total Addresses</b>		
<b>Total Addresses (Underserviced Areas)</b>		

**4. Retail Outlet Roll-Out (RPS)**

Targets are applicable as per approved licence conditions.

<b>Province</b>	<b>Number of existing outlets</b>	<b>Number of outlets to be rolled out (Target)</b>		<b>Outlets Relocated</b>		<b>Outlets Refurbished / upgraded</b>	
		<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
<b>Eastern Cape</b>							
<b>Free State</b>							

<b>Gauteng</b>							
<b>Kwa-Zulu Natal</b>							
<b>Limpopo</b>							
<b>Mpumalanga</b>							
<b>Northern Cape</b>							
<b>North West</b>							
<b>Western Cape</b>							

## 5. Delivery Standards (RPS)

<b>Category</b>	<b>Standard</b>	<b>Achieved</b>	<b>Percentage</b>
<b>Across Town</b>			
<b>Between Mail Centres</b>			

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

## 7. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

# FORM 4

## E-RATE FORM

### (I-ECS, I-ECNS, C-ECS and C-ECNS)

The Form must be submitted in accordance with the E-Rate regulation published in terms of section 73 of the Act.

This Form should be submitted bi-annually in accordance with the Authority's Financial Year.

1. Licence information

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Registration Number</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

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

Name of Educational Institution	Date of Contract signature	Services provided	City/Province	Effective date	Reasons for Service cancellation	If service cancelled, date resumed

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

4. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	



# FORM 5

## TARIFF REPORTING FORM

### (I-ECS, I-ECNS, C-ECS and C-ECNS I-BS)

This Form should be submitted in accordance with the Standard Terms and Conditions Regulations.

This Form should be submitted bi-annually in accordance with the Authority's Financial Year.

#### 1. Licence information

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Registration or ID Number</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

#### 2. Tariffs (All data to be provided in 'Rand' value inclusive of VAT)

##### 2.1. Prepaid Services – Mobile Voice

**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)						
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)						
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 – Mobile Voice

### 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)						
	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 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 – Mobile Voice and Data

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)						
onal mobile to mobile voice	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 Fixed and VoIP Services

Tariffs: Fixed Services							
		<Insert name of tariff plan>					
	Service	Month1	Month2	Month3	Month4	Month5	Month6
General	Billing method (per second or per minute)						
	Connection/Installation fee						
	Call Line Identity Presentation fee						
	Itemised Billing fee						
	Weekly rental						
	Monthly rental						
	Annual rental						
	Voicemail						
	Inclusive Minutes (Value) and other benefits						
Fixed to Fixed voice calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Fixed to Mobile voice calls	Off-net (peak)						
	Off-net (off-peak)						
VAS Calls	Peak						
	Off-peak						
Fixed to Fixed video calls	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Fixed to Mobile video calls	Off-net (peak)						
	Off-net (off-peak)						
Fixed to Fixed SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Fixed to Mobile SMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						
	Off-net (off-peak)						
Fixed to Fixed MMS	On-net (peak)						
	On-net (off-peak)						
	Off-net (peak)						

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

## 2.6 Pay TV subscription tariff template

	Period	Period	Period	Period
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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

## FORM 6A

### SECTORAL PLANNING DATA (I-ECNS, C-ECNS, I-ECS and C-ECS)

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions published in terms of section 8(1) of the Act and Call Termination Regulations.

This Form should be submitted quarterly in accordance with the Authority's Financial Year.

#### 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. Wholesale Interconnection Traffic

Wholesale Interconnection Traffic													
Number of OUTGOING MINUTES to:													
		Month 1		Month 2		Month 3		Month 4		Month 5		Month 6	
		Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid
Fixed networks													
	Peak												
	Off-peak												
	Other												

Mobile networks													
	Peak												
	Off-peak												
	Other												
Mobile networks													
	Peak												
	Off-peak												
	Other												
International networks													
	Peak												
	Off-peak												
	Other												
Number of INCOMING MINUTES from:													
		Month 1		Month 2		Month 3		Month 4		Month 5		Month 6	
		Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid	Pre-paid	Post-paid
Fixed networks													
	Peak												
	Off-peak												
	Other												
Mobile networks													
	Peak												
	Off-peak												
	Other												
International networks													
	Peak												
	Off-peak												
	Other												

**4. Number Portability**

<b>MOBILE NUMBER PORTABILITY</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number of Subscribers ported out				
Number of Subscribers ported in:				
<b>GEOGRAPHIC NUMBER PORTABILITY</b>				
Number of Subscribers ported out:				
Number of Subscribers ported in:				

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

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

5.1. Network Type:

<b>Geographic coverage (%)</b>	<b>Population coverage (%)</b>

5.2. Network Type:

<b>Geographic coverage (%)</b>	<b>Population coverage (%)</b>

5.3 Network Type:

<b>Geographic coverage (%)</b>	<b>Population coverage (%)</b>

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

7. Signature

<b>Signature</b>	
<b>Designation</b>	
<b>Date</b>	

## FORM 6B SECTORAL PLANNING (C-BS and I-BS)

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions for Class and Individual licence published in terms of section 8(1) of the Act.

This Form should be submitted quarterly in accordance with the Authority's Financial Year.

### 1. Audience Measurement

Number of Viewers (Free To Air TV)/Listeners(RADIO)/Subscribers(Pay TV)			
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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

## FORM 7 A

### CODE OF CONDUCT FOR ECS AND ECNS (I-ECNS, C-ECNS, I-ECS and C-ECS)

This Form should be submitted in accordance with the Regulations in respect of the Code of Conduct for ECS and ECNS Licensees published in terms of sections 69(1) of the Act.

This Form should be submitted bi-annually in accordance with the Licensees Financial Year.

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Date submitted</b>	
<b>Period under review</b>	
<b>Website where CoC published</b>	

#### Section A

1. Licensee to complete the form below and confirm that the requirements have been addressed in respect of the licensee's abridged version of the Code of Conduct and any other supporting documentation (where applicable) to be provided by the licensee.

<b>Mark with an "X" where applicable</b>	<b>Code of Conduct Requirements</b>	<b>Description of how a licensee has complied with these requirements</b>	<b>Provide information on the supporting documentation which addresses these requirements (attach proof of compliance)</b>
	Publication of Code		
	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		

2. List the languages available at service centres

	Afrikaans		XiTsonga
	English		SeTswana
	IsiNdebele		TshiVenda
	SePedi		IsiXhosa
	SeSotho		IsiZulu
	IsiSwati		

3. Total number of languages available:

--

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

5. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

## FORM 7 B

### CODE OF PRACTICE FOR POSTAL SERVICES (RPS and UPS)

This Form should be submitted in accordance with the Code of Practice for Postal Services.

This Form should be submitted quarterly in accordance with the Authority's Financial Year.

Requirements	Province and Name of Outlet	Complied/ Not Complied	Documentary Proof/ Explanation
Endeavour to communicate with customers in the language of their choice as far as it is practicable and possible.			
Display at their 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 their business.			
Timeously communicate queuing times and other relevant customer information to customers.			
Make customers aware and provide information on insurance policies for lost and/ or damaged letters and parcels when entering into transactions.			

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



## 2. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

# FORM 7C

## CODE ON PEOPLE WITH DISABILITIES

### (I-ECS, I-ECNS, C-ECS, C-ECNS, C- BS and I-BS)

This Form should be submitted in accordance with the Regulations on the Code on People with Disabilities as published in terms of section 70 of the Act.

This Form should be submitted annually in accordance with the Licensee's Financial Year.

1. Licence information

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

**Section A**

**ECNS and ECS to complete Section A:**

**This form should be submitted in a narrative form using the information below as a checklist**

2. Services provided by licensee

Services	Types of services available	Progress of implementation	Availability should be indicated per province
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

Service Offered	No. and Location of devices/ services	Remarks
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)

Service Offered	No. and Location of devices/services	Remarks
Height usable for people who are wheelchair bound		
Amplification		
Ramp Access		
Data offerings (list)		

## 5. Information

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


- 5.2. Are advertisements and promotions in respect of products and services made available to organisations for people with disabilities?


**Broadcasting Services Licensees to complete Section B:**

This form should be submitted in a narrative form using the information below as a checklist

**Improving Accessibility**

1. Services that are available and accessible to people with disabilities

Mark with an "X" where applicable	Service Offered
	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
	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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

# FORM 8

## BROADCASTING

### (C-BS)

Form 8A, 8B and 8C are to be submitted monthly.

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

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

**1. Licence information**

<b>Name of Licensee</b>	
<b>Licence Number</b>	
<b>Signal Distributor</b>	
<b>Contact Details</b>	
<b>Physical Address</b>	
<b>Period under Review</b>	

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

**3. Signature**

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

**FORM: 8A****PROGRAMME RECORD****GENERAL LOGSHEET**

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions published in terms of section 8(1) of the Act

This Form should be submitted within 7 days after the end of a calendar month.

**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 Monthly %
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%

**MUSIC**

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL Monthly %	
SA MUSIC: No. of tracks							
FOREIGN MUSIC: No. of tracks							

**NEWS**

NEWS	Daily minutes	Daily %	Monthly minutes	Monthly %
Local/Community News				
Regional News				
National News				
International News				

NEWS	Daily minutes	Weekly %	Monthly minutes	Monthly %
SELF ORIGINATED				
FROM OTHER SOURCES				

**News sources used:**

1.

2.

3.

4.



## FORM: 8B

### PRO-FORMA ADVERTISING LOG

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions published in terms of section 8(1) of the Act.

This Form should be submitted within 7 days after the end of a calendar month.

Month: \_\_\_\_\_

Year: \_\_\_\_\_

	Advert	Advertiser	Date broadcast	Time	Duration	# of Insertions
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

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

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions published in terms of section 8(1) of the Act.

This Form should be submitted within 7 days after the end of a calendar month.

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 South African Music Content Regulations.

Submission upon Request

Month: \_\_\_\_\_

Year: \_\_\_\_\_

**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**

	<b>New Track</b>	<b>Artist</b>	<b>Date</b>	<b>Time</b>	<b>Format Factor</b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					
<b>6.</b>					

## FORM: 8E

### PRO-FORMA MUSIC LOG

This Form should be submitted in accordance with the South African Music Content Regulations.

Submission upon request

Date: \_\_\_\_\_

Presenter: \_\_\_\_\_ Authorised By: \_\_\_\_\_

No.	Track Title	Musician(s)	South African	Foreign	If SA, state basis, e.g. 1 & 2, 1, 3 & 4*
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					
26					
27					

\*See explanatory note below.

A song is considered South African if it meets at least two of the following categories:

1. If the lyrics (if any) were written by a South African citizen;
2. If the music was written by a South African citizen;
3. If the music or lyrics was or were principally performed by musicians who are South African citizens;
4. If the musical work consists of a live performance which is:
  - (a) Recorded wholly in the Republic; or
  - (b) Performed wholly in the Republic and broadcast live in the Republic.

# FORM 9

## BROADCASTING

### (I-BS)

Form 9A and 9B are to be submitted quarterly in accordance with the Licensees Financial Year.  
Form 9C is to be submitted Upon Request.

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

1. Licence information

<b>Name of Licensee</b>	
<b>Licence Number</b>	
<b>Signal Distributor</b>	
<b>Contact Details</b>	
<b>Physical Address</b>	
<b>Period under review</b>	

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

3. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

**FORM: 9A****GENERAL LOGSHEET**

This Form should be submitted in accordance with the Regulations Regarding Standard Terms and Conditions 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 South African Music Content Regulations.

This Form should be submitted quarterly in accordance with the Licensee's Financial Year.

**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			



<b>WEEK 3</b>			
<b>WEEK 4</b>			
<b>WEEK 5</b>			

## 4. NEWS

<b>NEWS</b>	<b>Daily Minutes</b>	<b>Daily %</b>	<b>Monthly Minutes</b>	<b>Monthly %</b>
<b>Local News</b>				
<b>Regional News</b>				
<b>National News</b>				
<b>International News</b>				

<b>NEWS</b>	<b>Daily Minutes</b>	<b>Weekly %</b>	<b>Monthly Minutes</b>	<b>Monthly %</b>
<b>SELF ORIGINATED</b>				
<b>FROM OTHER SOURCES</b>				

## News sources used:

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

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

This Form should be submitted in accordance with the Standard Terms and Conditions 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.

Broadcaster: \_\_\_\_\_

Month: \_\_\_\_\_

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 South African Music Content Regulations.

**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**

	<b>New Track</b>	<b>Artist</b>	<b>Date</b>	<b>Time</b>	<b>Format Factor</b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					
<b>6.</b>					

# FORM 10

## GENERAL LOGSHEET (PUBLIC RADIO)

This Form should be submitted in accordance with the 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.

Month: \_\_\_\_\_

Year: \_\_\_\_\_

### 1. GENERAL PROGRAMMING

CATEGORIES	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL
	Time (Min.)	Time (Min.)	Time (Min.)	Time (Min.)	Time (Min.)	Total Weekly %
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**

No. of tracks	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	%
SA MUSIC							
FOREIGN MUSIC							

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

## 4. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

**FORM 11**  
**JUDGEMENT FORM**  
**(I-BS and C-BS)**

**This Form must be submitted in accordance with Regulations Regarding Standard Terms and Conditions.**

1. Licence information

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Registration or ID Number</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

2. Judgment against:

a. Licensee? **Yes / No**

b. Director? **Yes / No**

<b>Name</b>	
<b>ID Number</b>	

c. Senior management? Yes/No

<b>Name</b>	
<b>ID Number</b>	

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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	



## FORM 12A

### COMPLAINTS REPORT

### (ECS, ECNS, BS)

This Form should be submitted in accordance with the End–User and Subscriber Service Charter Regulations and Code of Conduct ECS and ECNS Licensees and Code of Conduct for Broadcasters published in terms of sections 69(3) and 54(1) of the Act.

This Form should be submitted bi-annually in accordance with the Licensee's Financial Year.

1. Licence information

<b>Name of Licensee</b>	
<b>Licence/s held</b>	
<b>Registration or ID Number</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

2. Licensees' Point of Contact for Complaints:

<b>Name</b>	
<b>Designation</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Website</b>	

## 3. Complaints Report

## 3.1. Complaints Received and Resolved

Type* of Complaint	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Average Time For Resolution (per type)
Type 1							
Type 2							
Type 3							
Type 4							
Average Time For Resolution (per month)							

\*Specify service to which complaint relates.

## 3.2 Pending/ Escalated Complaints to the Authority or to an Industry Representative Body (IRB)

Reference number	Complainants and Licensee Details	Description of Complaint	Date of Receipt	Date 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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

## FORM 12B

### POSTAL SERVICES COMPLAINTS REPORT

This Form should be submitted in accordance with the Code of Practice for Postal Industry, Customer Care Standards and Conveyance of Mail Regulations

This Form should be submitted quarterly in accordance with the Authority's Financial Year.

1. Licence information

<b>Name of Licensee/Registrant</b>	
<b>Licence/Registration Number</b>	
<b>Date submitted</b>	
<b>Period under review</b>	

2. Number of Complaints (complete for relevant months in this quarter)

Months	Number Received	Number resolved	Comments
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTAL			

## 3. Complaints Log

Provinces	Complainant Name and Surname	Nature of Complaint	Date received	Date Resolved	Average turnaround time taken to resolve
Eastern Cape					
Free State					
Gauteng					
Kwa-Zulu Natal					
Limpopo					
Mpumalanga					
Northern Cape					
North West					
Western Cape					

## 4. Lost/ Damaged items

Month	Number of lost/ damaged items	Description of loss/damage
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL		

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

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	

# FORM 13

## CUSTOMER CARE STANDARDS

### POSTAL SERVICES (RPS)

**This Form must be submitted in accordance with the Customer Care Standards for Reserved Postal Services**

**This Form should be submitted quarterly in accordance with the Authority's Financial Year.**

#### 1. 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		

#### 2. Accessibility

Requirement	Target	Achievement (Number)	Comments
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		

## 3. Queuing time

<b>Queuing time for customers at all outlets</b>	<b>Not more than 7 minutes</b>		
<b>Province</b>	<b>Number of outlets</b>	<b>Average queuing time (minutes, seconds)</b>	<b>Comments</b>
Eastern Cape			
Free State			
Gauteng			
Kwa-Zulu Natal			
Limpopo			
Mpumalanga			
Northern Cape			
North West			
Western Cape			

## 4. Language

4.1 List the languages available at postal outlets and indicate the number of postal outlets offering each language:

Mark with an "X" where applicable	Language	Number of outlets
	Afrikaans	
	English	
	isiNdebele	
	Sepedi	

	Sesotho	
	siSwati	
	xiTsonga	
	Setswana	
	tshiVenda	
	isiXhosa	
	isiZulu	

## 4.2 Total number of languages available:

--

## 5. Insurance Policies

Standard	Target	Achievement (%)	Comments
Information about insurance on parcels or mail should be communicated to customers	At all times		

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

## 7. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	



# FORM 14

## COURIER UNDERTAKING

### UNRESERVED POSTAL SERVICES (UPS)

**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 Authority's Financial Year.**

#### 1. Registrant Information

Name of Registrant	
Registration certificate No	
Date Submitted	
Period of review	
Duration of the certificate	

#### 2. Undertaking

Requirements	Complied/Not Complied		Comments
Receive, collect and deliver items			
Track and trace the whereabouts of any item received or collected for delivery			
Deliver items within a definite time in case of deliveries across international borders			
Deliver items within the republic at the latest by 13:00 on 1 <sup>st</sup> working day after receipt thereof			
Clear items through customs			

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

4. Signature

<b>Signature</b>			
<b>Designation</b>		<b>Date</b>	