



Form No.

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| WAPISP |
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INTERNET SERVICE PROVIDER REGISTRATION FORM

(Please read the information carefully before filling up this form. Additional sheets may be added, if required).

SECTION I – GENERAL INFORMATION

| | |
|--|---------------------------|
| Name | Date of Registration: |
| Name of Business (as indicated in Business Registration) | |
| Service Address: | |
| Mailing Address (if different from above): | |
| Telephone Number: | Internet Address (Email): |
| Fax Number: | |
| Authorized Signature: | |

| | |
|---------------------------------|-------------------|
| Name of Contact representative: | Telephone Number: |
| Firm or Company Name: | |
| Address: | |

SECTION II – PURPOSE OF FILING

PURPOSE FOR WHICH SERVICE IS REQUIRED

- | | | |
|------------|--------------------------|-------------|
| Individual | Individual with Business | Partnership |
| Government | Corporation | Others: |

Please indicate the service (s) you intend to provide:

- | | | |
|------------------|-------------------|--------|
| Dial –up | Dedicated Dial-up | E-mail |
| Web page Hosting | | |
| Others: | | |

SECTION III – BUSINESS INFORMATION

Please indicate the proposed means of providing access to customers:

Land-Line

Wireless Access

Please indicate the connectivity that would be offered:

28.8 Kbps

64 Kbps

128 Kbps

If greater, please indicate:

Please indicate the location where the Domain registration will be:

Guyana

International

Please indicate the number of customers you intend to provide with service

What is the expected date at which you will commence service as an ISP?

All ISP services must submit to the National Frequency Management Unit a copy of the manufacturer’s technical specifications for all equipment to be used for the network and a schematic representation of the proposed network. ISP’s are also required to provide access to the Internet by way of utilizing any of the licenced telecommunications systems.

SECTION IV - CERTIFICATION

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith, and agree to confirm with future policy and regulation(s) adopted and put in place by the Government.

| | | |
|--------------|------------|-------------------|
| Full Name: | Signature: | |
| Designation: | Date: | Telephone Number: |

Note

- 1. This application form should be completed in triplicate for submission.**
- 2. Upon submission a processing fee of GY\$300.00 needs to be made to the accounts department of the National Frequency Management Unit.**
- 3. Applications cannot be processed unless a payment is made to NFMU’s accounts department.**