

Public Postal Licensee Licence Application Form

| A: Applicant Details | | | | | | | |
|--|--|---------------------------|---|-------------------------|--|--|--|
| Company Name: | | | | | | | |
| Primary Contact Person: | | | | | | | |
| Primary Contact Position: | | | | | | | |
| Primary Contact email: | | | | | | | |
| Primary Contact phone: | | | | | | | |
| Address Information | Registered Address | | | | | | |
| # & Street Name | | | | | | | |
| Village/Neighbourhood | | | | | | | |
| Town/District | | | | | | | |
| Postcode | | | | | | | |
| Telephone: | | Email: | | | | | |
| Website: | | Facebook: | | | | | |
| WhatsApp: | | Other: | | | | | |
| B: Operational Details | | | | | | | |
| Postal Services | | | | | | | |
| Basic Letters (up to 2kg) | Basic Parcels (up t | co 20kg) | PO Box | | | | |
| CEP Domestic | CEP international (inbound) CEP international (outbound) | | | | | | |
| Other services (please specify) | | | | | | | |
| (Please provide rate card for basic services and PO Box service) | | | | | | | |
| | | | | | | | |
| Value added services | Cian fan | Conned O Time of de | alti va m | | | | |
| Track & Trace Insurance | Sign-for Others (please spec | Speed & Timed de | elivery | | | | |
| insurance | Others (please spec | пу) | | | | | |
| Postal network | | | | | | | |
| Staffed outlets | PO boxes | Posting Boxes | Agencies | Delivery routes | | | |
| Total | | | | | | | |
| number Please provide address of all | Please provide no. of PO | Please indicate location | Please provide list of | Please provide starting | | | |
| outlets | box at each location | of posting boxes on a map | agencies, services, and operating hours | point of each route | | | |
| | | | | | | | |
| Types of postage available | | | | | | | |
| Stamps Prepaid | impression | Franking | Others (please speci | fy) | | | |
| | | | | | | | |
| Technology solutions Sorting Parcel stations Others (please specify) | | | | | | | |
| Softing Faiters | tations | (piease specify) | | | | | |
| Other businesses | | | | | | | |
| Counter services | Logistics | e-Commerce | Mailroom | | | | |
| | 0.00 | | | | | | |



Position:

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| C: Staff & Infrastructu | C: Staff & Infrastructure (please specify the actual number in each box) | | | | | | |
|---|--|-----------|---|------------------------------------|--|--|--|
| Number of staff Female | Male | Full-time | Part-time | Total | | | |
| Staff type Management Other staff | Delivery | Counter | Postal Representatives | Other operational (please specify) | | | |
| Number of vehicles Trucks | Vans | Cars | Motorbikes | Others (please specify) | | | |
| D: Documents require | d during application | | | | | | |
| Business documents Business registration certificate Certified annual report & accounts Identification document of key applicant Business plan E: Compliance Declaration & Signature | | | Operational documents Detailed Tariff Information Compensation Rules & Procedures Customer Complaint Handling Procedures Quality of Service standards Handling of Undeliverable Items Procedures | | | | |
| Compliance I declare that all the requirements of the Postal Services Act and other pertinent legislation has been complied with. I declare that all information provided in this application and attached documents is correct and true. I agree for AITI to clarify or review any description in the forms and attached documents with the applicant or relevant third party. I agree for AITI to conduct a site visit at the business or company premises and review relevant documents should they see fit. I fully understand that failure to comply with the above matters will lead to this application being rejected by AITI. | | | | | | | |
| (Signature) | | | | | | | |
| Full name: | | _ | | | | | |



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F: Notes & Explanations

General Notes

- The applicant should ensure that all information provided in this form is accurate and true
- The applicant should complete all relevant boxes, and provide all additional information requested in a separate sheet (as stated in the form)
- The applicant should place a X in boxes as a sign of agreement except where written or numeric information is required

A: Applicant Details

- The primary contact should be the person with whom the Authority makes contact with regarding the license and any issues that may arise through delivery of services
- The contact information should include details of the primary contact

B: Operational Details

- The applicant should add details of other added value services it is intending to provide
- The applicant should identify all partners involved in the provision of Value Added Services, Technology solutions, and Other Businesses, where appropriate

C: Staff & Infrastructure

- The applicant should only provide details of the staff that will be involved in the provision of services related to this license
- The applicant should provide details of outlets and vehicles that will be involved in the provision of services related to this license

D: Documents required during application

- The identification document of the key applicant should include the primary contact listed in section A of this
 application
- A business plan should include all the details listed below, and other supporting information
 - o Corporate vision
 - Organisation structure
 - The nature and structure of the company
 - Corporate and shareholding structure (clearly indicating the ultimate ownership, both direct and indirect)
 - details of the composition of the Board of Directors and management structure
 - Financial standing
 - Profit and loss accounts, balance sheets and cash flow statements
 - Postal Network, Services & Operations
 - Expansion plans and/or other planned changes for network setup
 - Corporate guidelines on mail security and integrity for mail handling
 - Design of Postal identifier mark and Prepayment impression(s)
 - Level of customer support
- A copy of business registration documents