(15 December 2011 - to date)

ELECTRONIC COMMUNICATIONS ACT 36 OF 2005

(Gazette No. 28743, Notice No.364 dated 18 April 2006. Commencement date: 19 July 2006) [Proc. No. R29, Gazette No. 29044]

ICASA COMPLIANCE PROCEDURE MANUAL REGULATIONS, 2011

General Notice 902 in Government Gazette 34863 dated 15 December 2011. Commencement date: 15 December 2011

(Publisher's note: commencement date 'extend[ed]... from 15 December 2011 to 02nd July 2012' by General Notice 355, Government Gazette 35290 dated 25 April 2012)

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.

(Signed) Dr SS MNCUBE CHAIRPERSON

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SCHEDULE

1. **DEFINITIONS**

In these Regulations, any word or expression has the meaning assigned to it in the Electronic Communications Act, 2005 (Act 36 of 2005), unless otherwise specified -

"Act" means the Electronic Communications Act, 2005 (Act 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 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 *[sic]* 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)
- (I) 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.

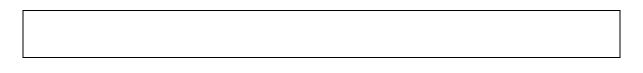
This Form should be submitted annually in accordance with the Authority's Financial Year.

General Information

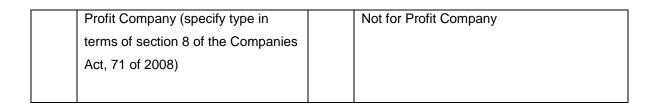
1. Licence information

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

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



3. Organisation status (tick one column below)





3.1 Accounting Officer / Auditor & Contact Details

4. Licensee Contact details

Name of Contact		
Person		
Designation	Cell phone	
Telephone	Fax	
Email	Web address	

5. Information about Ownership

Licensee	% Foreign Ownership	% Local Ownership	% HDI	% Woman- owned	% Disabled

6. Information about Shareholders

Shareholders	Total Shareholding (%)	% HDI	% Woman- owned	% Disabled
1.				
2.				



3.		
4.		

7. Information about Directors

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

8. Information about Staff

	Local (SA Citizens) Expa			Expat	riates				
Staff Category	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)

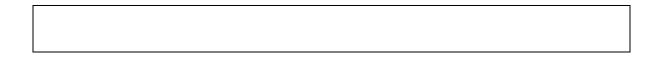
The licensee is required to provide information on its Skills Development and Training Initiatives in all aspects of broadcasting including management, on-air presentation, news gathering and production, technical, sales, marketing and advertising.

10. Licence Area (ECNS and BS)

Area specified in the Licence	Actual area covered

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)



12. I, hereby verify that the information provided is true and correct.

13. Signature

Signature		
Designation	Date	



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FORM 2

BASIC FINANCIAL REPORTING FORM PAYMENT OF LICENCE AND USAF FEES

(I-ENCS, 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:
Licensee Number(s):
Financial Year-end:
Period Under Review:

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

3. Name of Accounting Officer / Auditor

4. Auditor / Officer Contact Details



Format:

5.

CAL	CALCULATION OF LICENCE FEES					
REC	GULATED REVENUE					
1.	Revenue from Licensed		R 0.00			
1.	Services* as disclosed in		K 0.00			
	Audited Annual Financial					
	Statements					
2.	Breakdown of Revenue from		R 0.00			
	Other Services					
Tota	al Revenue as per AFS		R 0.00			
DE	GULATED COSTS					
	JULATED COSTS					
1.	Breakdown of Costs from		R 0.00			
	Licensed Services as disclosed					
	in Audited Annual Financial Statements					
	Sidlemenis					



2. Other Operating Costs	R 0.00
Total Costs as per Audited Annual	R 0.00
Financial Statements	
Revenue from Licensed Services	R 0.00
	110.00
Costs from Licensed Services	R 0.00
Gross Profit	R 0.00
Gross From	K 0.00
Payable licence fees @ 1.5%	R 0.00
CALCULATION OF USAF	
CONTRIBUTION	
Annual Turnover	R 0.00
	R 0.00
Less allowable deductions	R 0.00



USAF Fee at 0.2% of Annual	R0.00
Turnover	

* 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, hereby verify that the information provided is true and correct and have been reviewed by an Auditor/Accounting Officer.
- 8. Signature

Signature		
Designation	Date	

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

Name of Licensee	
Licence/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		

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)

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

4. Retail Outlet Rolf-Out (RPS)

Targets are applicable as per approved licence conditions.

Province	Number of	Number of		Outlets Relocated		Outlets	
	existing	outlets to be				Refurbished /	
	outlets	rolled ou	ıt				ed
		(Target)					
		Target	Actual	Target	Actual	Target	Actual
Eastern Cape							
Free State							
Gauteng							
Kwa-Zulu Natal							
Limpopo							
Mpumalanga							
Northern Cape							



North West				
Western Cape				

5. Delivery Standards (RPS)

Category	Standard	Achieved	Percentage
Across Town			
Between Mail Centres			

- 6. I, hereby verify that the information provided is true and correct.
- 7. Signature

Signature		
Designation	Date	

FORM 4

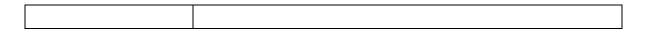
E-RATE FORM

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

This Form must be submitted in accordance with 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





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

- 3. I, hereby verify that the information provided is true and correct.
- 4. Signature

Signature		
Designation	Date	



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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

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

- 2. Tariffs (All data to be provided in 'Rand' value inclusive of VAT)
- 2.1 Prepaid Services Mobile Voice

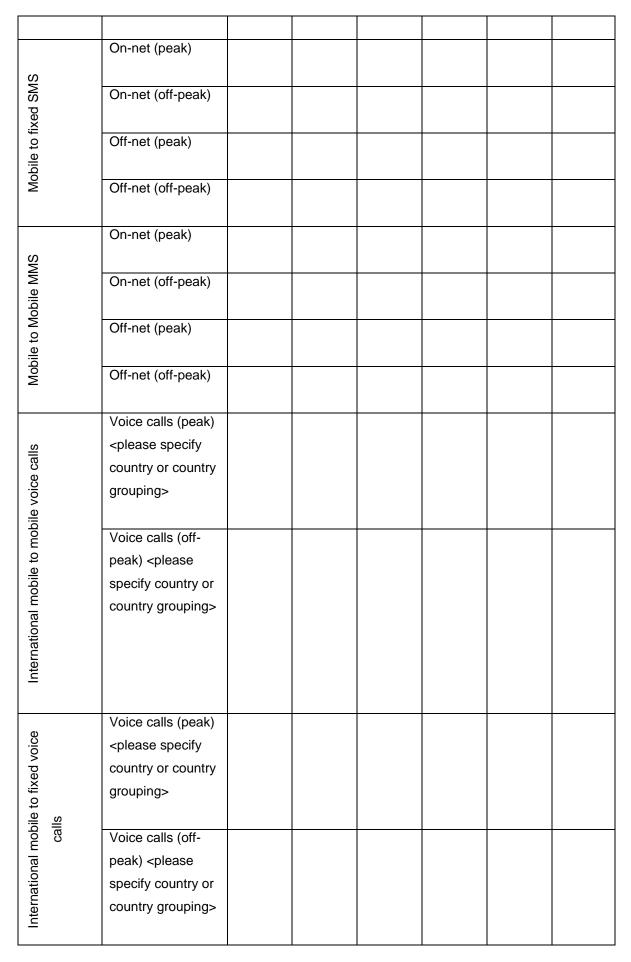
RECORD OF PREPAID SERVICES PROVIDED AND ACTUAL SERVICES CHARGED DURING THE PREVIOUS SIX MONTHS

	<insert name="" of="" plan="" prepaid="" tariff=""></insert>								
	Service	Month1	Month2	Month3	Month4	Month5	Month6		
	Billing method (per second or per minute)								
General									





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International mobile to fixed video calls	Video calls (peak) <please specify<br="">country or country grouping> Video calls (off- peak) <please specify country or country grouping></please </please>			
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2.2 Postpaid Services - Mobile Voice

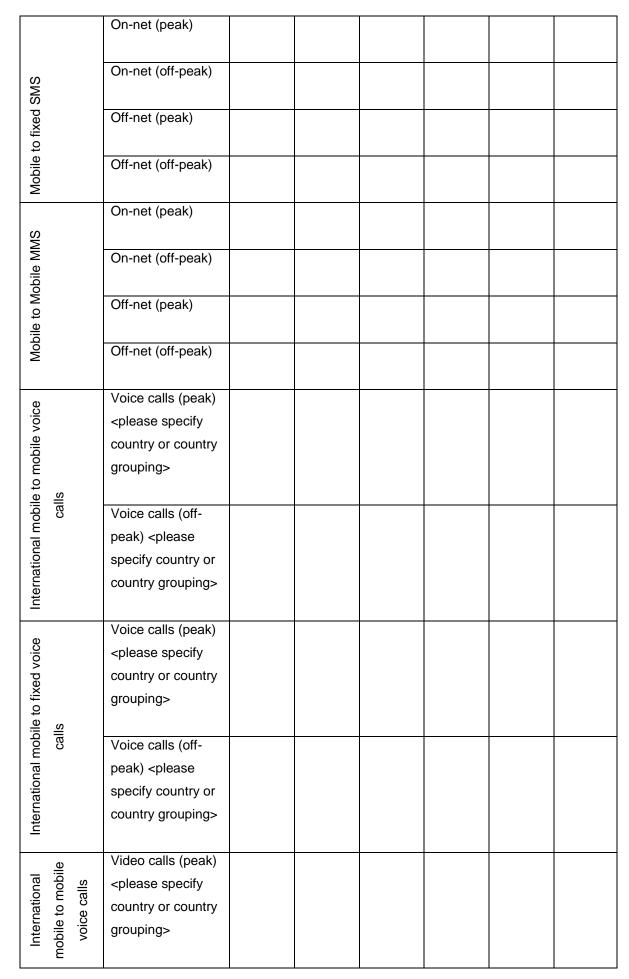
RECORD OF POSTPAID SERVICES PROVIDED AND ACTUAL SERVICES CHARGED DURING THE PREVIOUS SIX MONTHS

	<insert name="" of="" plan="" prepaid="" tariff=""></insert>						
Service	Month1	Month2	Month3	Month4	Month5	Month6	
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							
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2.3 Top-up Contract - Mobile Voice and Data

		<insert name="" of="" plan="" tariff="" top-up=""></insert>						
	Service	Month1	Month2	Month3	Month4	Month5	Month6	
	Billing method (per							
	second or per							
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	Connection fee							
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General	Itemised Billing							
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ema	grouping>			
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International mobile to mobile MMS	country or country			
	grouping>			
e to r				
obile	MMS (off-peak)			
ы Ш	<please specify<="" td=""><td></td><td></td><td></td></please>			
ona	country or country			
nati				
nter	grouping>			
_				

2.4 Prepaid and Postpaid Data

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

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

2.5 Fixed and VoIP Services

		<insert name="" of="" plan="" tariff=""></insert>						
	Service	Month1	Month2	Month3	Month4	Month5	Month6	
	Billing method (per second or per minute)							
	Connection fee / installation fee							
	Call Line Identity Presentation fee							
General	Itemised Billing fee							
	Weekly rental							
	Monthly rental							
	Annual rental							



	Voicemail	٦
	Inclusive minutes	
	(Value) and other	
	benefits	
Calls	On-net (peak)	
o v p	On-net (off-peak)	
Fixed to Fixed voice calls	Off-net (peak)	
d to	Off-net (off-peak)	_
ixe.		
	Off-net (peak)	
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Fixed to mobile voice calls	Off-net (off-peak)	
Eix /		
	Peak	
alls		
VAS Calls	Off-peak	_
A V		
	On-net (peak)	
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Fixed to Fixed video calls	On-net (off-peak)	
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ixed	Off-net (off-peak)	
eeo	Off-net (peak)	
Fixed to Mobile video calls		
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	On-net (peak)	
Fixed to Fixed SMS		
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	On-net (peak)				
	On-net (peak)				
Fixed to Mobile SMS	On-net (off-peak)				
ile	On-net (on-peak)				
Mob	Off-net (peak)				
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IX.	Off-net (off-peak)				
	On-net (peak)				
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WW	On-net (off-peak)				
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0 Fi	Off-net (peak)				
Fixed to Fixed MMS					
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erne	country grouping>				
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	Video calls (peak)			
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fixe	peak) <please< td=""><td></td><td></td><td></td></please<>			
International fixed to fixed video calls	specify country or			
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-				
	Video calls (peak)			
<u>s</u>	<please specify<="" td=""><td></td><td></td><td></td></please>			
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International fixed to mobile video calls	country or country			
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	SMS (peak)			
5	<please specify<="" td=""><td></td><td></td><td></td></please>			
International fixed to mobile SMS	country or country			
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rnational fixe mobile SMS				
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	,			



		country or country grouping>			
International ed to fixed MMS	fixed to fixed MMS	MMS (peak) <please specify<br="">country or country grouping></please>			
Inter	fixed to	MMS (off-peak) <please specify<br="">country or country grouping></please>			

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, hereby verify that the information provided is true and correct.

4. Signature

			Signature
--	--	--	-----------



Designation		Date	
-------------	--	------	--

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



3. Wholesale Interconnection Traffic

Number o		g minu	TES to	:									
		Mont	h 1	Mon	th 2	Mon	h 3	Mon	th 4	Mon	th 5	Mon	th 6
		WOII	.11 1	WOII	un 2	WOII		WOIT		WION		WOIT	
		Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post
		paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid
Fixed net	works												
	Peak												
	Off-												
	peak												
	0.1												
	Other												
Mobile ne	tworks												
	Peak												
	Off-												
	peak												
	Other												
	Other												
	Peak												
	Off-							1				1	
	peak												
	Other												

Prepared by:



										1			1
Internatio	nal network	s											
	Peak												
	Off-												
	Peak												
	Other												
Number o	f INCOMING		TES fro	m:									
		1		1		•		T		T		1	
		Mon	th 1	Mon	th 2	Mon	th 3	Mon	th 4	Mon	th 5	Mon	th 6
		Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
		paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid
Fixed net	works												
					•	- -			•		-		
	Peak												
	Off-												
	peak												
	Other												
Mobile ne	tworks												
	Peak												
	Off-												
	peak												
	Other												
Internetic	nal network												
THE PARTY OF TAXA													
mernatio		-											
mernatio	Peak	-											



Off-						
peak						
 Other					 	
Other						

4. 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:				

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

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

5.1. Network Type:

Geographic coverage (%)	Population coverage (%)

5.2. Network Type:

Geographic coverage (%)	Population coverage (%)



5.3. Network Type:

Geographic coverage (%)	Population coverage (%)

6. I, hereby verify that the information provided is true and correct.

7. Signature

Signature		
Designation	Date	

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 Vie	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, hereby verify that the information provided is true and correct.

4. Signature

Signature		
Designation	Date	

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.

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

Section A

 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.

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

Signature		
Designation	Date	

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	Complied/	Documentary
	Name of	Not	Proof/
	Outlet	Complied	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, hereby verify that the information provided is true and correct.

2. Signature

Signature		
Designation	Date	

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

Name of Licensee	
Licence/s held	



Registration or ID	
Number	
Date submitted	
Period under review	

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



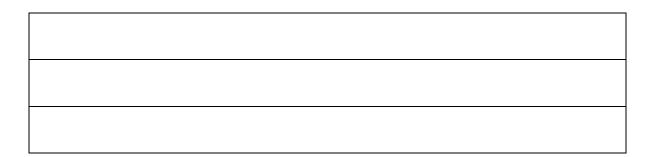
Compatible with hearing aids	
Text phone services	
Height usable for people who are wheelchair bound	
Amplification	
Ramp Access	
Visible signage at location	

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, hereby verify that the information provided is true and correct.
- 4. Signature

Signature		
Designation	Date	

FORM 8

BROADCASTING

(C-BS)

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

Form, 8D and BE 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, hereby verify that the information provided is true and correct.
- 3. Signature

Signature		
Designation	Date	

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	WEEK	WEEK	WEEK	WEEK	TOTAL
	1	2	3	4	5	
CATEGORIES	Time	Time	Time	Time	Time	Total
	(Min)	(Min)	(Min)	(Min)	(Min)	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

Prepared by:

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



	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 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			
0			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
24			

Prepared by:



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

Name of Licensee	
Licence Number	



Signal Distributor	
Contact Details	
Physical Address	
Period under review	

2. I, 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 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: _____



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	Daily minutes	Daily %	Monthly minutes	Monthly %
Local 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. Prepared by:



- 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	Date	Time	Duration	Format
	Interviewed				Factor
1.					
2.					
Z .					



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 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.



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 Weekly %
1.	NEWS (Weekdays)						
	(Sat)						
	(Sun)						
2.	CURRENT AFFAIRS (Weekdays)						
	(Sat)						
	(Sun)						
3.	FACTUAL PROGRAMMES						
4.	WOMEN'S PROGRAMMES						
5.	CHILDRENS PROGRAMMES						
6.	FOREIGN DRAMA						
7.	LOCAL DRAMA						
8.	EDUCATION						
9.	INFORMAL KNOWLEDGE						
	KNOWLEDGE						



10.	RELIGIOUS				
	PROGRAMMES				
11.	PUBLIC SERVICE				
	ANNOUNCEMENTS				
12.	ADVERTISING				
13.	OTHER (SPECIFY)				
L		1	1	1	100%

2. MUSIC

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

- 3. I, hereby verify that the information provided is true and correct.
- 4. Signature

Signature		
Designation	Date	



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

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

2. Judgment against:

- a. Licensee? Yes/No
- b. Director? Yes/No

Name	
ID Number	

c. Senior management? Yes/No

Name	



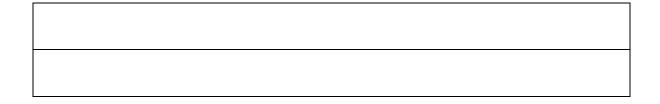
ID Number	

3. Conviction (Description):

4. Date of Conviction:

5. Case Number & Court:

6. Sentence:



8. Signature

Signature		



Designation	Date	

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

Name of Licensee	
Licence/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. Complaints Received and Resolved

Type* of Complaint	Month	Month	Month	Month	Month	Month	Average
	1	2	3	4	5	6	Time For
							Resolution
							(per type)
Туре 1							
Туре 2							
Туре 3							
Туре 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, hereby verify that the information provided is true and correct.

6. Signature

Signature		
Designation	Date	

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

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

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

Months	Number	Number	Comments
	Received	resolved	



January		
February		
March		
April		
Мау		
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

	Number of	Description of
Month	lost/damaged items	loss/damage
_		
January		
February		
March		
April		
Мау		
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

Signature		
Designation	Date	

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

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

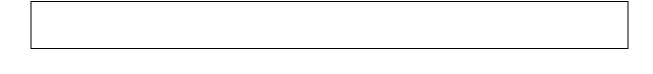
- 4. Language
- 4.1 List the languages available at postal outlets and indicate the number of postal outlets offering each language:

Mark with	Language	Number of
an "X"		outlets



where		
applicable		
	Afrikaans	
	English	
	IsiNdebele	
	Sepedi	
	Sesotho	
	Sesotho	
	SiSwati	
	viTeenge	
	xiTsonga	
	Setswana	
	tshiVenda	
	isiXhosa	
	isiZulu	

4.2 Total number of languages available:



5. Insurance Policies

Standard Target Achievement (76) Comments	Standard	Target	Achievement (%)	Comments
---	----------	--------	-----------------	----------



parcels or mail should be At all times communicated to customers	Information about in	nsurance on		
communicated to customers	parcels or mail	should be	At all times	
	communicated to customers			

- 6. I..... hereby verify that the information provided is true and correct.
- 7. Signature

Signature		
Designation	Date	

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 1st working		
day after receipt thereof		
Clear items through customs		

3. I, hereby verify that the information provided is true and correct.

4. Signature

Signature		
Designation	Date	

