



Australian  
Communications  
Authority

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## **2 GHz Project**

### **2 GHz Spectrum Licence Allocation**

# **APPLICATION FORM**

This Application Form has been approved pursuant to section 1.5 of the *Radiocommunications (Spectrum Licence Allocation — 2 GHz Band) Determination 2000* (the Determination).



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## Application Form

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Before completing this Form, ensure you understand the conditions under which licences are being allocated. You should understand the provisions contained in:

- the *Radiocommunications Spectrum Marketing Plan (2 GHz Band) 2000*;
- the *Radiocommunications (Spectrum Licence Allocation — 2 GHz Band) Determination 2000* (the “Determination”);
- the *Radiocommunications Act 1992*; and
- the *Applicant Information Package*.

It is in your interest to seek independent legal, financial and engineering advice before deciding to participate in this auction.

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The completed Application Form together with:

- (a) the Deed of Acknowledgment; and
- (b) proof of payment of the entry fee;

**MUST** be received at the ACA Auction Centre by no later than 11:00 a.m. Canberra time on

**Monday 12 February 2001**

**Late applications and photocopies and facsimiles of completed forms will not be accepted under any circumstances.**

### **ACA Auction Centre street address**

Purple Building  
Benjamin Offices  
Chan Street  
BELCONNEN ACT 2617

Enquiries may be directed to the ACA Auction Centre on:

- telephone (02) 6219 5471
- fax (02) 6219 5122
- email [auction.manager@aca.gov.au](mailto:auction.manager@aca.gov.au)

## **APPLICATION FORM — NOTE**

Application is a two stage process.

### **Stage 1**

You must, by the Application Closing Date (Monday 12 February 2001):

- Complete the application form, which includes calculating nominated eligibility; and
- Complete the Deed of Acknowledgment; and
- Pay the Entry Fee; and
- Ensure that the completed Application Form, Deed of Acknowledgment and proof of payment of the Entry Fee are received by the ACA.

### **Stage 2**

You must, within five (5) working days of the Application Closing Date (Monday 19 February 2001):

- Provide the ACA with proof of payment of the amount at item **P**; and
- If required, submit a completed Deed of Financial Security.

Remember:

Payment of all monies must be made in accordance with section 1.9 of the Determination.

You must pay monies by the required dates.

You should keep a copy of all completed forms.

## How to complete the Application Form

*These instructions are cross-referenced to each section of the Form.* Relevant details must be completed before the Form can be accepted. Use of block letters will assist legibility.

- A.** INSERT the FULL NAME(s) of each person who wishes to make an application. For an application in joint names, all names must be shown and each party to the application must sign. An application by a company must be executed in accordance with section 127 of the Corporations Law and/or the company's constitution. If the Applicant is not incorporated, the application must be in the name(s) of an individual(s). For example, if the Applicant is an unincorporated entity, at least one individual office bearer must sign this form as the Applicant. In the case of a trust, at least one trustee must sign this form as the Applicant. At least one full name is required for each individual. If two or more persons wish to make a joint application, tick the appropriate box and provide details on an attached sheet of paper. Where the Applicant has a registered office, the address of the registered office should be used.

INSERT Australian Company Number (ACN) or Australian Registered Business Number (ARBN) as appropriate.

**N.B Information in this question will be provided to other applicants and to the ACCC.**

- B.** INSERT the trading name of the business (if any).

**N.B Information in this question will be provided to other applicants and to the ACCC.**

- C.** TICK the boxes beside those areas which best describe your area of operations.

**N.B Information in this question will be provided to other applicants and to the ACCC.**

- D.** PROVIDE all of the information required about your associates. If you are applying as a body corporate, complete questions D-1 to D-5 inclusive. If you are applying as a natural person, complete questions D-6 to D-10 inclusive. All applicants must complete questions D-11 and D-12.

**N.B Information in this question will be provided to other applicants and to the ACCC.**

- E.** INSERT the details of the person to whom inquiries and correspondence should be directed as well as a second person who can be contacted if your principal contact person is unavailable. All contact details requested should be provided if possible. The ACA needs these details so that, in an emergency, we can make contact with the applicant during the auction.

**N.B Information in this question will NOT be provided to any other person.**

## F. to K.

1. ENTER in column **I** the number "1" for every lot you wish to win.
2. For each area, multiply the number in column **I** by the lot rating for lots in the area as set out in column **H** and ENTER the result in column **J**.
3. Total all the entries in Column **J** and ENTER the result in box **K**. This is the amount of ELIGIBILITY necessary to bid on the numbers of lots you have nominated. In the auction, you will not be permitted to be active on lots with a total lot rating that exceeds this amount.

- L.** ENTER your nominated eligibility in Box **L**. This may be the same amount as determined at item **K**, or you may wish to nominate some other number.

**N.B. with the exception of the applicant's eligibility in box L, the information in this page will NOT be provided to any other person. Applicants' eligibility will be published by the ACA before the start of the auction.**

- M.** Multiply the result in box **L** by \$50,000.00, and ENTER the result in box **M**.

- N.** Nominate whether you are submitting a completed Deed of Financial Security **OR** making a Performance Payment.

- O.** If you have nominated to make a Performance Payment at item **N**, enter the amount of the Performance Payment in item **O**. The amount of Performance Payment required is the Applicant's nominated eligibility at box **L** multiplied by the Financial Security Amount set by the ACA under section 2.1(c) of the Determination of \$50,000 per lot rating.

- P.** Total items **M** and **O** and ENTER the result in box **P**. **This is the amount that you must pay by 19 February 2001. Proof of payment must be received by the ACA Auction Centre by 11.00 a.m on that day. Payment must comply with the requirements of section 1.9 of the Determination.**

- Q.** CROSS OUT the option that does not apply in the question about publishing your name. Your response to this question will not affect the success of any of your bids. This section need only be completed by natural persons (i.e. individuals, not companies).

- R.** SIGN the Form. If signed by a company, the signatories attest that this is in accordance with section 127 of the Corporation Law and/or the company's constitution. Joint Applicants must all sign the form. If there is insufficient space, please sign or execute as appropriate on an attached sheet of paper.

- S.** DATE the form.

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**A. Full Name and Address of Applicant** (*Answers to Question A will be provided to other applicants and the ACCC.*)

ACA Client number (if known)

Organisation Name (for an organisation)

Applicant's Last Name

Given Name(s)

Mr/Mrs/Ms/Dr/(other)

Street Address

Suburb/City/Town

State

Postcode

Country

Company ACN or ARBN (if applicable)

☐ This is a joint application. Details of other applicants are on the attached sheet of paper.

(If this applies, tick the box above and set out the details of any other parties on a separate sheet of paper. The paper should be marked clearly "Question A" and the name of the person applying and whose name appears above)

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**B. Trading Name (if any) of Applicant**

*Answers to Question B will be provided to other applicants and the ACCC.*

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**C. Client Type**

*Answers to Question C will be provided to other applicants and the ACCC.*

Tick relevant box

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Company                 | <input type="checkbox"/> Other Commonwealth agency | <input type="checkbox"/> State government          |
| <input type="checkbox"/> Commonwealth department | <input type="checkbox"/> Individual                | <input type="checkbox"/> Community/volunteer group |
| <input type="checkbox"/> Local government        |  |  |

**Industry Category**

Tick relevant box

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Mining                   | <input type="checkbox"/> Manufacturing          |
| <input type="checkbox"/> Electricity, gas, water supply    | <input type="checkbox"/> Construction             | <input type="checkbox"/> Wholesale/retail trade |
| <input type="checkbox"/> Transport and storage             | <input type="checkbox"/> Communication services   | <input type="checkbox"/> Finance and insurance  |
| <input type="checkbox"/> General government                | <input type="checkbox"/> Education                | <input type="checkbox"/> Health services        |
| <input type="checkbox"/> Safety services                   | <input type="checkbox"/> Recreational and amateur | <input type="checkbox"/> Other                  |

activities

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**D. Information required to identify “associates” (Part 1A of the determination)**

*Answers to Question D will be provided to other applicants and the ACCC.*

**This application is in the name of (tick one):**

- ☐ **a natural person (GO TO QUESTION D-6 AND COMPLETE QUESTIONS D-6 TO D-12 INCLUSIVE)**
- ☐ **a body corporate (COMPLETE QUESTIONS D-1 TO D-5 INCLUSIVE AND THEN COMPLETE QUESTIONS D-11 AND D-12))**

**D-1 For a body corporate, the name and address of each Director or Secretary of the applicant company.**

(If required, attach a separate sheet plainly marked at the top “Question D-1” and the applicant’s name given in Question A)

**D-2. For a body corporate, the name, address and ACN or ARBN of each related body corporate of the applicant company (see clause 1A.30 of the determination for a definition of “related body corporate”).**

(If required, attach a separate sheet plainly marked at the top “Question D-2” and the applicant’s name given in Question A)

**D-3 For a body corporate, the name and address of each director/secretary of the applicant’s related bodies corporate.**

(If required, attach a separate sheet plainly marked at the top “Question D-3” and the applicant’s name given in Question A)



**D-4 For a body corporate, the name and address of each individual who controls 15 % or more of the voting power or holds at least 15 % of the issued shares of the applicant.**

(If required, attach a separate sheet plainly marked at the top "Question D-4" and the applicant's name given in Question A)

**D-5 For a body corporate, the name and ACN or ARBN of any other company in which a person described in question D-4 above controls 15 % or more of the voting power or holds 15 % of the issued shares.**

(If required, attach a separate sheet plainly marked at the top "Question D-5" and the applicant's name given in Question A)

**FOR A BODY CORPORATE, GO DIRECTLY TO QUESTION D-11**

**D-6 For a natural person, the name and address of the applicant's spouse or de-facto partner**

**D-7 For a natural person, the name and address and ACN or ARBN of any company in which the applicant controls 15 % or more of the voting power or holds at least 15 % of the issued shares**

(If required, attach a separate sheet plainly marked at the top "Question D-7" and the applicant's name given in Question A)

**D-8 For a natural person, the name and address and ACN or ARBN of any body corporate of which the applicant is a director or secretary;**

(If required, attach a separate sheet plainly marked at the top “Question D-8” and the applicant’s name given in Question A)

**D-9 For a natural person, the name and address and ACN or ARBN of any related body corporate to a body corporate of which the applicant is a director or secretary**

(If required, attach a separate sheet plainly marked at the top “Question D-9” and the applicant’s name given in Question A)

**D-10 For a natural person, the name and address of each other director or secretary of any other body corporate of which the applicant is a director or secretary**

(If required, attach a separate sheet plainly marked at the top "Question D-10" and the applicant's name given in Question A)

**D-11 For all Applicants, the name and address and ACN or ARBN of all business partners of the applicant.**

(If required, attach a separate sheet plainly marked at the top "Question D-11" and the applicant's name given in Question A)

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**D-12 For all applicants, the name and details of any other person (other than the ACA) with whom the applicant has entered into an agreement with respect to the use of any spectrum or acquisition of any spectrum licences the subject of this allocation, and particulars of that agreement.**

(If required, attach a separate sheet plainly marked at the top "Question D-12" and the applicant's name given in Question A)

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## E. Contact details

*Answers to Question E will **NOT** be provided to other applicants.*

### Principal contact person

Surname

Given Names

Mr/Mrs/Ms/Dr/Other

Position

Address

Telephone Number

BH

AH

mobile

(    )

(    )

(    )

Facsimile

(    )

email

### Backup contact person

Surname

Given Names

Mr/Mrs/Ms/Dr/Other

Position

Address

Telephone Number

BH

AH

mobile

(    )

(    )

(    )

Facsimile

(    )

email

Figure 1: Indicative diagram of lots on offer

	UNPAIRED 20 MHz				PAIRED 2 x 60 MHz									
	1x5 MHz	1x5 MHz	1x5 MHz	1x5 MHz	2 x 10 MHz	2x 5 MHz	2x 5 MHz	2 x 10 MHz	2 x 10 MHz	2x 5 MHz	2x 5 MHz	2 x 10 MHz		
Sydney	CC1	CC2					CC3	CC4	Nat 1	CC5	CC6	Nat 2		
Melbourne														
Brisbane														
Adelaide														
Perth														
Hobart														
Darwin														
Canberra														
Cairns										Nat 1			Nat 2	
Mackay														
Maryborough														
Grafton														
Dubbo														
Albury														
Regional Vic.														
Regional Tas														
Regional SA														
Regional WA														

**F. Eligibility Calculation - Answers on this page to Questions F to P will NOT be provided to other applicants.**

		<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>
	Lot	Notional Population	Lot rating	Required? [If yes, enter "1"]	Total Lot rating HxI
(unpaired)	Capital city 1	12,383,700	75		
	Capital city 2	12,383,700	75		
	Sydney 1	4,297,000	25		
	Melbourne 1	3,246,700	20		
	Brisbane 1	1,921,100	12		
	Adelaide 1	1,094,900	6		
	Perth 1	1,189,100	7		
	Hobart 1	224,300	2		
	Darwin 1	90,000	1		
	Canberra 1	320,600	2		
	Sydney 2	4,297,000	25		
	Melbourne 2	3,246,700	20		
	Brisbane 2	1,921,100	12		
	Adelaide 2	1,094,900	6		
	Perth 2	1,189,100	7		
	Hobart 2	224,300	2		
	Darwin 2	90,000	1		



	Canberra 2	320,600	2		
(paired)	Sydney 3	4,297,000	500		
	Melbourne 3	3,246,700	400		
	Brisbane 3	1,921,100	240		
	Adelaide 3	1,094,900	120		
	Perth 3	1,189,100	140		
	Hobart 3	224,300	40		
	Darwin 3	90,000	20		
	Sydney 4	4,297,000	250		
	Melbourne 4	3,246,700	200		
	Brisbane 4	1,921,100	120		
	Adelaide 4	1,094,900	60		
	Perth 4	1,189,100	70		
	Hobart 4	224,300	20		
	Darwin 4	90,000	10		
	Capital city 3	12,383,700	750		
	Capital city 4	12,383,700	1,500		
	National 1	16,184,100	1,750		
	Capital city 5	12,383,700	750		
	Capital city 6	12,383,700	750		
	National 2	16,184,100	1,750		
	Cairns 1	368,200	20		
	Mackay 1	305,100	20		
	Maryborough 1	583,500	30		
	Grafton 1	39,500	20		
	Dubbo 1	281,100	20		
	Albury 1	641,200	40		
	Regional VIC 1	773,200	50		
	Regional TAS 1	258,200	20		
	Regional SA 1	308,600	20		
	Regional WA 1	241,800	10		
	Cairns 2	368,200	20		
	Mackay 2	305,100	20		
	Maryborough 2	583,500	30		
	Grafton 2	39,500	20		
	Dubbo 2	281,100	20		
	Albury 2	641,200	40		
	Regional VIC 2	773,200	50		
	Regional TAS 2	258,200	20		
	Regional SA 2	308,600	20		
	Regional WA 2	241,800	10		
			<b>K</b>	<b>TOTAL</b>	

\* N.B. The amount of spectrum that an applicant may bid on in the 2 GHz band is limited. See section 1A.2 of the *Radiocommunications (Spectrum Licence Allocation — 2 GHz Band) Determination 2000* for information about bidding limits in the 2 GHz band.

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**L. Applicant's Initial Eligibility (section 2.5A)**

Applicants are free to nominate any amount of eligibility they require to meet their business plan or to provide flexibility to change among a number of business plans during the auction. Applicants may EITHER use the total amounts at item K, which is the minimum eligibility they require to be able to bid on lots satisfying their first preference as expressed in table F, OR, subject to the Minister's bidding limits, they may nominate a higher number. Applicants will not be able to increase their eligibility after the application period. Applicants must not nominate an amount of eligibility that would allow them to bid in excess of the Minister's bidding limits. Applicants may, if they wish nominate eligibility up to the maximum number of lots within the Minister's bidding caps in every area. This will give Applicants the greatest level of flexibility in the auction. Applicants are not bound to bid in the areas and on the bands nominated on this form in the auction.

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**M. Applicant's Eligibility Payment (section 2.7) (Item L x \$50,000)**

**N. Select the type of Financial Security being provided (tick only one box in item N)**

1. I am submitting a Deed of Financial Security and it is attached.

☐

**OR (tick one only)**

2. I am submitting a Performance Payment and payment has been made with this application

☐

**O. Enter the value of the Performance Payment (Eligibility in box L multiplied by \$50,000)**

A Performance Payment is only required if a Deed of Financial Security is not submitted. Only enter an amount in this box if you are submitting a Performance Payment instead of a Deed of Financial Security.

**P. TOTAL PAYMENT REQUIRED (Items M+O)**

Under sections 2.6 and 2.8 of the Determination, payment of the eligibility payment and, if required, the Performance Payment, must be made by the advertised eligibility payment date. Payment of the amount at item P must be made in accordance with section 1.9 of the *Radiocommunications (Spectrum Licence Allocation — 2 GHz Band) Determination 2000*.

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**Q. Authority to publish your name (section 2.15(1))**

(Note: for a natural person only - companies do not need to complete this section)

I am applying for a licence as a natural person, and I **DO** / **DO NOT** agree to the publication of my name as a participant in this auction.

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## R. Applicant's signature

*The details provided in this form and in the attached supplementary sheets are true and correct in every detail.*

EXECUTED AS A DEED

Signature(s) of Applicant(s)

If two or more persons are applying jointly, please PROVIDE ALL signatures.

Signed in my presence by the applicant who is personally known to me.

Witness signature

Witness name in block letters

Witness address

**OR**, if the Applicant is a company:

EXECUTED AS A DEED

Signed, sealed and delivered for and on behalf of the

ACN/ARBN

By authority of the Directors :

*(Print name of Director)*

*(Print name of Director/Secretary)*

*(Signature of Director)*

*(Signature of Director/Secretary)*

If two or more companies are applying jointly, all the companies must execute in the same form on an attached sheet of paper.

**OR**, in any other case (eg incorporated association or statutory authority), please execute in the appropriate manner.

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## S. Date

/ /2001

end