NTRA

الجهاز القومي لتنظيم الاتصالات

WIFI Trial Application Form

Wi Fi™

PL / DR 001

Provider

Company Name			Address		
Telephone		Fax		e-mail	
Contact Name			Title		

Service Date

Expected Starting Date		Actual Starting Date	
		Trial Period	

Venue

Location Name			Address		
Telephone		Fax		e-mail	
Contact Name			Title		

Access Point

Model		Qty		Power	
		Area Covered		Frequency Band	

Internet Bandwidth

Provider Name		Bandwidth		Connection Type	

Tariff

Pre Paid	☐		Monthly	☐		Per Hour	☐		Per MB	☐	

Financial Data

Investment Cost		Revenues		Direct Cost		Indirect Cost	

Service Description and Business Model

Service Description and Business Model

Name	
Signature	
Title	
Date	