



**REVOLUTIONARY GOVERNMENT OF ZANZIBAR**  
**ZANZIBAR BROADCASTING COMMISSION**  
**(ZBC)**

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**APPLICATION FORM FOR CHANGE OF NAME**

01. Name of Licensee: \_\_\_\_\_

02. Type of License: \_\_\_\_\_

03. Licensee's registered physical and postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

04. Proposed Name: \_\_\_\_\_

05. Reasons for change of name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

06. Declaration

I declare that all what is stated hereinabove is true to the best of my knowledge.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp