



REVOLUTIONARY GOVERNMENT OF ZANZIBAR
ZANZIBAR BROADCASTING COMMISSION
(ZBC)

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