

A. APPLICANT PROFILE

## Bangladesh Telecommunication Regulatory Commission IEB Bhaban (5<sup>th</sup>, 6<sup>th</sup> & 7<sup>th</sup> Floor), Ramna, Dhaka-1000



## REGISTRATION FOR CHANGE OF LOCATION OF CALL CENTER/HOSTED CALL CENTER/HOSTED CALL CENTER SERVICE PROVIDER'S CENTER (HCCSP)

| 1. Name of Applicant   |   |                 |  |  |
|--|---|-----------------|--|--|
| Registered Office Address:   |   |                 |  |  |
|  |   |                 |  |  |
|  |   |                 |  |  |
| Telephone & Mobile   |   |                 |  |  |
| Fax  |   |                 |  |  |
| E-mail   | Website                                       |                 |  |  |
| 2. Name of Authorized Signatory and Contact Person :                           |   |                 |  |  |
| Full Address for   |   |                 |  |  |
| Communication  |   |                 |  |  |
| Telephone & Mobile   |   |                 |  |  |
| Fax  |   |                 |  |  |
| E-mail   | Website                                       |                 |  |  |
| 3. Present Activities of the Applicant Centers                                 |   |                 |  |  |
|  |   |                 |  |  |
| 4. Total Number of Persons Employed  | i. Type of center: Domestic International     |                 |  |  |
| by the Company in their Call Center<br>Setup: (local & expatriate personnel to | ☐ Call Center ☐ HCC ☐ HCCSP                   |                 |  |  |
| shown separately)  | ii. Total no. of center(s): Call Center HCCSP |                 |  |  |
|  | iii Local For                                 | eign            |  |  |
| 5.0 1: 17  | T   | (T.1.)          |  |  |
| 5. Combined Turnover of CC/HCC/HCCSP Centers of the                            | Year  | Turnover (Taka) |  |  |
| Company during last 2 Financial Years  |   |                 |  |  |
| company during last 2.1 manetar 1 cars   |   |                 |  |  |
|  |   |                 |  |  |
| 6. Addresses of Existing CC/HCC/HCCSP Centers                                  |   |                 |  |  |
| Address  |   |                 |  |  |
|  |   |                 |  |  |
|  |   |                 |  |  |
|  |   |                 |  |  |
| Type of Center   | ☐ Domestic ☐ International                    |                 |  |  |
|  | ☐ Call Center ☐ Hosted Call Center            | er 🗌 HCCSP      |  |  |
| License No. & Date   |   |                 |  |  |

| Starting Date of Service                                  |  |
|---|--|
| No. of Agents/ Seats as on Date                           |  |
| Name of HCCSP (applicable for                             |  |
| HCCSP)  |  |
| Total Bandwidth   |  |
| Name of Client(s) (Domestic or                            |  |
| International)  Nature of Outsourced Activity             |  |
|   |  |
| (If there are n   | nore Centers, please attach extra sheets)  |
| <b>B.</b> PRESENT PROPOSAL (Please                        | submit separate sheet for each centre)   |
| I. <u>Change of Address:</u>                              |  |
| 1. Type of Center   | □ Domestic □ International   |
|   | ☐ Call Center ☐ Hosted Call Center ☐ HCCSP   |
| 2. Address of the Center                                  |  |
|   |  |
|   |  |
| 3. Name of HCCSP (For Hosted Call Center)                 |  |
| , ,   |  |
| 4. Domestic Client's Names and Addresses                  |  |
| (for domestic call center/HCC)                            |  |
| 5. Foreign Client's Name and Address                      |  |
| (for international call center)                           |  |
| 6. License Number & Date                                  |  |
| 7. Date of Start of Service                               |  |
| 8. Reason for Change of                                   |  |
| Location/Address  |  |
| 9. Address of the Proposed New                            |  |
| Location  |  |
| 10. No. of Proposed Seats                                 |  |
| 11. Clients Name and Address                              |  |
|   |  |
|   |  |
| 12. Nature of Outsourced Activities                       |  |
| 13. Bandwidth in use 14. Additional Bandwidth Requirement |  |
| 15. Name of Local Point to Point                          |  |
| Connectivity Provider and Capacity of                     |  |
| the Link.  15. Any other Information                      |  |
| ,   | T. Control of the Con |

## C. DOCUMENTS TO BE ENCLOSED

Following documents to be duly certified:

| Serial | Items  | Attached | Not<br>Attached | Remarks |
|--------|--|----------|-----------------|---------|
| 1.     | Valid Trade License  |          | 7 tttaciica     |         |
| 2.     | Up to date Income Tax Clearance certificate                |          |                 |         |
| 3.     | Copy of License issued by the Commission                   |          |                 |         |
| 4.     | List of Present Directors/partners of the company with     |          |                 |         |
|        | Name, Address and signatures of the Directors/partners     |          |                 |         |
| 5.     | Present share holding position of the company              |          |                 |         |
| 6.     | Network Diagram duly signed by the authorized              |          |                 |         |
|        | signatory.   |          |                 |         |
|        | (Diagram is required just to clarify the network           |          |                 |         |
|        | connectivity as given in the application and in no case it |          |                 |         |
|        | shall be treated as an approval for setting up the         |          |                 |         |
|        | network)   |          |                 |         |

In case any of the above certificates is not enclosed, please give reasons

## D. DECLARATION

- 1. I/We hereby certify that I/We have carefully read the guidelines/terms and conditions, for the license and I/We undertake to comply with the terms and conditions therein. (Terms and Conditions of License Guidelines for Call Center/Hosted Call Center/Hosted Call Center Service Provider (HCCSP) category are available at www.btrc.gov.bd ).
- 2. I/We understand that this application if found incomplete in any respect and /or if found with conditional compliance shall be summarily rejected.
- 3. I/We understand that if at any time any information furnished for obtaining the registration is found incorrect then the registration if granted thereto on the basis of such application shall deemed to be cancelled.

| Date:  | Signature and name of the |
|--------|---------------------------|
| Place: | Applicant/Authorized      |
|        | Signatory with seal       |

Note: The completed application form is to be submitted to:

Director, Legal and Licensing, Bangladesh Telecommunication Regulatory Commission (BTRC) IEB Bhaban (5<sup>th</sup>, 6<sup>th</sup> & 7<sup>th</sup> Floor), Ramna, Dhaka-1000.