



science
& technology

Department:
Science and Technology
REPUBLIC OF SOUTH AFRICA

Karoo Central Astronomy Advantage Areas

FORM 4: Application for financial compensation

Purpose

This form must be used to apply for compensation for financial loss, or for an adversely affected service, resulting solely and directly from compliance with a requirement or condition imposed by the Regulations on the Protection of the Karoo Central Astronomy Advantage Areas.

Background

The Astronomy Geographic Advantage Act, 2007 (Act No.21 of 2007) (“AGA Act”), provides inter alia for the protection of areas within the Republic of South Africa that are uniquely suited for radio astronomy.

The Karoo Central Astronomy Advantage Areas were declared for the purpose of radio astronomy and related scientific endeavours in terms of the AGA Act in Government Gazette No. 37434, under Notice No. 198, on 12 March 2014.

The Regulations on the Protection of the Karoo Central Astronomy Advantage Areas, made in terms of the AGA Act, were published in Government Gazette No. 41321, under Notice No. 1411, on 15 December 2017. The effective date of the Regulations is 15 December 2018.

The Regulations prohibit and restrict the use of portions of the radio frequency spectrum and transmission characteristics within the Karoo Central Astronomy Advantage Areas, and restrict certain electrical activities within the Karoo Central Astronomy Advantage Area 1, all in order to avoid interference to radio astronomy observations. The Regulations further stipulate the following¹:

1. Schedule C, sub-regulation 3(1): A person may apply to the Minister of Science and Technology for compensation in terms of the Regulations if –
 - 1.1 he/she has suffered a substantiated financial loss solely as a direct result of his/her compliance with a requirement or condition imposed in terms of the Regulations; and
 - 1.2 his/her use of the service provided by an operator is adversely affected as a direct result of that operator's compliance with a requirement or condition imposed in terms of the Regulations.
2. Schedule C, sub-regulation 3(2): An application for compensation must be submitted to the management authority within two years of the implementation of the relevant requirement/condition by means of a permit issued for the affected transmission.
3. Schedule C, sub-regulation 3(3): The applicant must submit a separate application for each activity or service in relation to which compensation is sought.

¹ The statement of the requirements of the Regulations in this form are provided for the convenience of the applicant. Nothing stated in the application form will negate anything prescribed in the published Regulations.

4. By signing the application form, permission is given to the Astronomy Management Authority by the applicant to process, collect, receive, record, organise, collate, store, update, modify, retrieve, alter, consult, use, disseminate, distribute, merge, share, link, erase or destroy personal information received from the applicant.

Application for financial compensation	
Legislation	Astronomy Geographic Advantage Act, 2007
AGA unique reference	
AGA unique reference of application related to compensation claim (not mandatory)	
Farm name/physical home address/radio station	
Municipality/nearest town	
Applicant	
Applicant/company name	
Physical address	
Postal address	
Website	
Phone number	
Email address	
Contact person	
Surname	
Full Names	
Mobile number	
Email address	
<p>Description of loss due to compliance with Schedules A and D of the KCAAA Regulations</p> <p>(If the form does not provide enough space, the following items may be supplemented by attachments.)</p>	

<p>The nature and extent of the activity lawfully conducted, or the service used by the applicant, immediately prior to the implementation of the relevant requirement/s or condition/s imposed in terms of Schedule A or D of the Regulations</p>	
<p> </p>	
<p>The extent to which the applicant ceased the relevant activity or modified his/her conduct of the activity, or the nature of and extent to which the applicant's use of the service was adversely affected, solely as a direct result of compliance with the requirement/s or condition/s imposed in terms of Schedule A or D of the Regulations</p>	
<p> </p>	
<p>Detailed description of the property or equipment which was owned by the applicant to conduct the relevant activity, or associated with the use of the service, and the extent to which the use thereof was adversely affected solely as a direct result of compliance with the requirement/s or condition/s imposed in terms of Schedule A or D of the Regulations</p>	
<p> </p>	
<p>The substantiated proven actual financial loss suffered by the applicant solely as a direct result of compliance with the requirement/s or condition/s imposed in terms of Schedule A or D of the Regulations</p>	
<p> </p>	
<p>The installation cost and/or monthly user cost for an electronic communications service that is different to the electronic communications service used prior to the publication of the Regulations. Compensation for the monthly user cost may be considered to align the cost to communicate within declared astronomy advantage areas with the cost to communicate in other parts of South Africa.</p>	
<p> </p>	
<p>Geographic location of the affected facility (longitude and latitude in WGS84 decimal degrees)</p>	<p> </p>

Files to be attached to the application		
Sworn statement to provide further information from the applicant		
Proof that the relevant activity was lawfully conducted prior to the publication of the Regulations		
Any relevant additional information not provided for in this form		
Declaration		
<p>I/we declare that –</p> <ul style="list-style-type: none"> • the information furnished in this application is true and correct in every respect; • I/we have the necessary records to support the information provided for inspection purposes. 		
<p>Signed by: (Full Names and Surname)</p>		
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Place</p>
Affidavit		
<p>I, the undersigned, _____, RSA ID Number: _____</p> <p>do hereby make a statement and declare under oath that:</p>		
<p>I know and understand the contents of this declaration. I have no objection to taking the prescribed oath/declaration. I consider the prescribed oath/declaration to be binding on my conscience.</p>		
<p>-----</p> <p>Signature of deponent</p>		
<p>Thus done and signed before me by the deponent at _____, on</p> <p>the.... day of 20</p>		
COMMISSIONER OF OATHS		

.....
Full Names and Surname