

Application form for request of signals of channels distributed by TV18 Broadcast Limited

(As per Clause 10 (4), (5) and (6) of Chapter IV of the Interconnection Regulations)

1. Name of the distributor of television channels: _____
2. The names of Owners/Directors/Partners of the distributor: _____
3. Registered Office address: _____

4. Correspondence communication: _____

5. Name of the contact person/ Authorized Representative: _____
6. Telephone / Mobile: _____
7. Email address: _____
8. Certificate of Registration/ Permission/ License Number: _____ (Copy to be attached)
9. Head-end/Earth Station Address: _____

10. Attach details pertaining to Conditional Access Systems (CAS) and Subscriber Management Systems (SMS) deployed by the distributor to be attached, separately for each Head-end/Earth Station, along with this Application Form.
11. Details of the areas, corresponding States/ UTs and details of the Head-end from which the signals of television channels shall be distributed in such areas: **As per the details provided in Exhibit A to this Schedule 1**
12. Area wise present subscriber base of the distributor: **As per the details provided in Exhibit B to this Schedule 1**
13. List of channels and bouquets for which signals of television channels are requested: **As per the details provided in Exhibit C to this Schedule 1**
14. Goods and Service Tax registration number: _____
15. Entertainment Tax Number: _____
16. PAN No. (Attach a copy): _____
17. Copy of the report of the Auditor in compliance of the Schedule III of the Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable System) Regulations 2017 to be attached

(Stamp & Signature)

Name: _____

Designation: _____

Date and Place: _____

DECLARATION

I _____ s/o, d/o _____ (Owner / Proprietor / Partner / Director / Authorized Signatory), of _____ (Name of Distributor of television channels), do hereby declare that the details provided above are true and correct. I state that the addressable systems installed for distribution of television channels meet the technical and other requirements specified in the Schedule III of the Telecommunication (Broadcasting and Cable) Services Interconnection (Addressable System) Regulations 2017. The configuration and the version of the addressable system have not been changed after issuance of the report by the Auditor.

(Stamp & Signature)

Name: _____

Designation: _____

Date and Place: _____

EXHIBIT C TO SCHEDULE 1

I. List of Channels offered of A-la-Carte basis for which signals are requested

We are desirous of availing the signals of the following Channels are marked as yes in the table below on A-la-Carte basis:

S. No.	Name of Channel	Want to avail signal of the Channel (Yes / No)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
29		
28		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		

II. List of Bouquets of Channels

We are desirous of availing the following Bouquet of Channels marked as yes in the table below:

Sr. No.	Bouquet Name	Want to Avail the Bouquet (Yes / No)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		