

APPLICATION FORM FOR BROADCASTING SERVICES LICENSE

(Please fill the form carefully)

I. GENERAL INFORMATION

Name of applicant:			
P.O Box:			
Province:	District:	Sector:	Cell:
Telephone number:		E-mail address:	
<p>Indicate category of requested license:</p> <ul style="list-style-type: none"> <input type="checkbox"/> National private FM radio <input type="checkbox"/> Regional private FM radio <input type="checkbox"/> Community FM radio <input type="checkbox"/> Regional free to air television channel <input type="checkbox"/> National free to air television channel <input type="checkbox"/> National commercial television channel <input type="checkbox"/> Terrestrial pay television provider <input type="checkbox"/> Cable Pay television provider 			

II. MANAGING DIRECTOR

Name of the owner:			
E-mail address:		Telephone number:	
Province:	District:	Sector:	Cell:

III. CHIEF EDITOR

Name of the Chief Editor:			
E-mail address:		Telephone number:	
Province:	District:	Sector:	Cell:

IV. CONTACT PERSON INFORMATION

Name of Contact Person:			
E-mail address:		Telephone number:	
Province:	District:	Sector:	Cell:

Section IV: INFORMATION ON EDITORIAL LINE (where applicable)

Source of the Contents: Locally Produced/ Imported (in percentage)	If imported, please specify:
Type of the Programmes:	Time and Hours of Operation per Day:
Date of Commencement of Operations:	<i>(Not exceed 12 months after being licensed)</i>

V. LOCATION OF STUDIO

Province	District	Sector	Cell

VI. DECLARATION

I hereby certify that information provided in this application form is true in all aspects.

Names:	Telephone number:
E-mail address:	
Signature and Official stamp	Date:/...../.....