KCCL

APPLICATION FORM FOR ACCESS TO KCCL's NETWORK

1. Name of the broadcaster:

2. The names of CEO/MD of the broadcaster:

3. Registered Office address:

4. Address for communication:

5. Name of the contact person/ Authorized Representative:

6. Telephone:

7. Email address:

8. Name of channel for which request for distribution has been made:

9. Copy of permission letter issued by the ministry of information and broadcasting for downlinking of the channels mentioned above in India:

10. Nature of channel (pay or free- to- air):

11. Genre of channel:

12. Language(s) of channel:

13. Downlinking parameters of the channel:

    a. Name of satellite:

    b. Orbital location:

    c. Polarisation:

    d. Downlinking frequency:

14. Modulation/coding and compression standard of channel:

15. Encryption of channel: encrypted/unencrypted

_____

(Signature)

Date and Place:

DECLARATION

I, _____ S/ o, D/o _____, _____ (Authorized

Signatory), of _____ (Name of the broadcaster), do hereby declare that

the details provided above are true and correct.

_____

(Signature)

Date and Place: