

APPLICATION FORM

(For access to network of GTPL Hathway Limited for distribution of television channel(s))

1. Name of the Broadcaster: _____

2. The names of CEO/MD of the Broadcaster: (Mr./Ms.) _____

(Mr./Ms.) _____

3. Registered Office address: _____

4. Address for communication: _____

5. Name of the Authorized Signatory:
(Mr./Ms.) _____

6. Telephone: _____

7. Email address: _____

8. Details of Channel(s) for which request for distribution has been made:

Sr.No.	Name of Channel (s)	Nature of Channel (pay or free- to- air)	Genre of channel	Language(s) of channel
1				
2				
3				

9. Technical parameters of the Channel(s):

Sr. No.	Name of Channel (s)	Name of satellite	Orbital location	Polarisation	Downlinking frequency	Modulation/ coding and compression standard of channel	Encryption of channel
1							
2							

10. Target Market:

Sr. No.	Target Market	Distribution Network Location	Assign a Tick [V]
1	States of Gujarat, Rajasthan and Union Territories of Daman & Diu	Ahmedabad	
2	States of Maharashtra & Goa	Ahmedabad	
3	States of Bihar & Jharkhand	Ahmedabad	
4	State of Assam	Ahmedabad	
5	States of Andhra Pradesh and Telangana	Ahmedabad	
6	State of Tamil Nadu	Ahmedabad	

11. Documents to be provided by the Broadcaster along with Application Form:

- Uplinking and Downlinking license(s) for the Channel granted by the relevant Governmental Authority, along with any relevant supporting documents certified by an authorized officer, not less than its Chief Executive Officer/Chief Financial Officer.
- Certified copy of the Certificate of Incorporation of the Broadcaster.
- Certified copy of the Memorandum and Articles of Association of the Broadcaster.
- PAN Card of the Broadcaster.
- GST Registration Certificate of the Broadcaster.
- Certified copy of the resolution passed by the board of directors of the Broadcaster authorizing the Authorized Signatory to execute this application and the carriage agreement.
- Photo Identification (PAN Card/Aadhar Card/Driving License) and Address proof (Passport/Aadhar Card/Ration Card/Electricity bill) of the Authorized Signatory.

Date: _____

Signatures: _____

Place: _____

Declaration:

I, _____, s/o, d/o _____, is _____ (Authorized Signatory)
of _____ (Broadcaster name), do hereby declare that the details provided
above are true and correct.

Date: _____

Signatures: _____

Place: _____