

Application form for request of signals of channel named Topper TV

(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. Address of 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. Details pertaining to Conditional Access Systems (CAS) and Subscriber Management Systems (SMS) deployed by 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: **Necessary details to be provided and marked as Exhibit A**
12. Area wise present subscriber base of the distributor: **Necessary details to be provided and marked as Exhibit B**
13. Goods and Service Tax registration number: _____
14. Entertainment Tax Number: _____
15. PAN No.: _____ (Attach a copy)
16. Are the CAS/SMS in compliance with the regulations: YES / NO (assigning tick marks (✓) against the applicable)
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: _____