

Broadcaster Distribution Request Application Form

For access to SMC's CATV Network of
M/s Sangli Media Communication, Sangli
for distribution of television channel (s)

1. Name of the broadcaster:

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

(Mr./Ms.) _____

(Mr./Ms.) _____

3. Registered Office address:

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4. Address for communication:

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5. Name of the contact person/ Authorized Representative:

(Mr./Ms.) _____

6. Telephone: _____

7. Email address: _____

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

Sr No	No of Channel (s)	Nature of Channel (s) Free-to-Air or Pay	MRP of channel if Pay	Genre of channel	Language(s) of channel	Channel Type (SD or HD)
1						
2						
3						

9. Technical parameters of channel (s):

Sr No	Name of Channel (s)	Name of Satellite	Orbital Location	Polarisation	Downlinking Frequency	Modulation / Coding & Compression Standard of Channel	Encryption of Channel
1							
2							
3							

10. Commercial parameters of channel(s)

a) Distribution Fee terms and conditions (please describe)

b) MRP Discounting terms and conditions (please describe)

11. Legal parameters of channel(s)

- a) Please provide copy of valid MIB up-linking or downlinking license/permission for the channel(s) for which broadcaster is looking for distribution

Date: _____

Place: _____

Authorized Signatory

Name: _____

Designation: _____

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.

Date: _____

Place: _____

Authorized Signatory

Name: _____

Designation: _____