

## **APPLICATION FORM**

(For access to network of Radiant Digitek Network Pvt Ltd 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 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. | Name of Channel (s) | Nature of Channel<br>(pay or free- to-<br>air) | Genre of channel | Language(s) of<br>channel |
|--------|---------------------|--|------------------|---------------------------|
| 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 and compression standard of channel | Encryption of channel |
|---------|---------------------|-------------------|------------------|--------------|-----------------------|--|-----------------------|
| 1       |                     |                   |                  |              |                       |  |                       |
| 2       |                     |                   |                  |              |                       |  |                       |
| 3       |                     |                   |                  |              |                       |  |                       |

Date : \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

(Signature)

**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: \_\_\_\_\_

\_\_\_\_\_

(Signature)