

# APPLICATION FORM FOR BROADCASTING SERVICES LICENSE

## 1. GENERAL INFORMATION

<b>1.1 <u>Place of the studio</u></b>				
Name of applicant:				
Province: .....	District: .....	Sector: .....	Cell: .....	Village: .....
Telephone number:		E-mail address:		
<b>1.2 Indicate category of requested license:</b>				
<input type="checkbox"/> National private FM radio <input type="checkbox"/> Regional private FM radio <input type="checkbox"/> Community FM radio <input type="checkbox"/> Regional free to air television channel <input type="checkbox"/> National free to air television channel <input type="checkbox"/> National commercial television channel <input type="checkbox"/> Terrestrial pay television provider <input type="checkbox"/> Internet TV <input type="checkbox"/> Online Radio				

## 2. INFORMATION ON MANAGING DIRECTOR

### 2.1 Place of Residence

Name of Managing Director: .....				
E-mail address:			Telephone number:	
Province:	District:	Sector:	Cell:	Village:

### 2.2 Date and Place of Birth

Date of Birth				
Province:	District:	Sector:	Cell:	Village:

## 3. INFORMATION ON CHIEF EDITOR

### 3.1 Place of Residence

Name of Chief Editor: .....				
E-mail address:			Telephone number:	
Province:	District:	Sector:	Cell:	Village:

### 3.2 Date and Place of Birth

Date of Birth				
Province:	District:	Sector:	Cell:	Village:

**4. CONTACT PERSON INFORMATION**

Name of Contact Person: .....				
E-mail address:			Telephone number:	
Province:	District:	Sector:	Cell:	Village:

**5: INFORMATION ON EDITORIAL LINE (where applicable)**

<b>Source of the Contents:</b> Locally Produced/ Imported (in percentage) .....	If imported please specify:
<b>Type of the Programmes:</b> ..... ..... ..... ..... ..... .....	<b>Time and Hours of Operation per Day:</b> .....
<b>Date of Commencement of Operations:</b> .....	<i>(Not exceed 12 months after being licensed)</i>

**6. DECLARATION**

I hereby certify that information provided in this application form is true in all aspects.

Names: .....	Telephone number:
E-mail address:	
Signature and Official stamp	Date: ...../...../.....