

Broadcaster Distribution Request Application Form

For access to INDIGITAL- CATV network of IndusInd Media & Communications 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 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: _____

IMCL - INDIGITAL