Cable Television Additional Channel(s) Application Form RadioComm Division Bhutan InfoComm and Media Authority

APPLICATION FORM FOR ADDITIONAL CHANNEL (S)	
Name of the Company	
Name of the Owner	
Name of the Manager (If Manager present)	
CATV License Number	
Details of the additional channel(s)	
1. Number of channels	
2. Name of the channels and its language	
3. Origin of the channel(country)	
4. Frequency band((Tick, write the number of channels at the side if more than one)	1. C Band 2. Ku Band
5. Type of channels(Tick, write the number of channels at the side if more than one)	1. Free channel 2. Pay channel
5. Give a brief description about the channel(s) a	and its content.
	(attach if more to explain)
6. Briefly describe the reasons for the addition o	f the new channel(s)
	(attach if more to explain)
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Date...... Applicant Signature and Seal