APPLICATION FORM FOR RENEWAL OF CATV LICENSE

A: Details of the Applicant	Date:
Name of the CATV service:	
Name of Owner:	
License Number:	
Date of Issue:	
Number of Subscribers:	
Contact Number:	
Email Address:	
 Copy of Tax Clearance Copy of Interconnection C: Declarations I hereby declare that the	on Agreement with MSO ne details furnished above are true and in case any of the above to be false or misrepresenting, the Authority may take action as deemed
Verified by:	Approved for Renewal: Yes / No (Please Tick one)
Signature Date:	Signature