

MAVIS SATCOM LIMITED

48 NP JAWAHARLAL NEHRU SALAI, EKKATTUTHANGAL, CHENNAI 600 032

Application for requesting signals in DAS Phase III areas

A. MSO basic information

1. Registered name of the MSO
2. Registered office address
3. Address for communication
4. Name of the contact person/Authorized Representative
5. Telephone
6. Email address
7. City
8. State
9. The names of Owners/Directors/Partners
10. List of channels
11. Particulars of Service Tax registration
12. Entertainment Tax number
13. PAN - _____ (Attach Copy)

B. Specific information for providing services in DAS III areas

1. Copy of the valid Certificate issued by the appropriate authority under the Cable Television Network (Regulation) Act of 1995 as amended to date, for the DAS in Phase III areas. If the Certificate has not been issued, please provide a copy of the provisional certificate or application made for the requisite license
2. Proposed areas of operations
 - a. State
 - b. District
 - c. Town
3. Do you have an existing agreement with us for these locations? If yes, please provide details of Affiliated Cable Operators.
4. Date of analog switch-off ("Appointed Date")
5. Number of boxes seeded till now (if any)
6. Estimated number of boxes to be seeded before Appointment Date
7. Seeding plan
8. Signals through existing Headend or new Headend (with location of the Headend) along with the particulars of CAS & SMS.

C. Pending Disputes

1. If the Applicant or Cable Network has been involved in any Civil/Criminal/Police Cases relating to infringement of Copyright, cheating or under Negotiable Instruments Act, and if yes, please provide details: (Case Number etc.):
2. Details of Disputes pertaining to outstanding subscription, if any, pending in TDSAT.

D. Details of the Single Point of Contact of the Broadcaster

S No.	Name of Contact Person	State/Zone	Email id	Address

Note: The information sought herein is only preliminary in nature and more information/documents may be sought by the Broadcaster at the time of signing the agreement.

DECLARATION

I _____ s/o, d/o _____, _____ (Owner/Proprietor/Partner/Director/Authorized Signatory), of _____ Network (Name of the MSO), do hereby declare that the details provided above are true and correct.

I state that the Digital Addressable System installed/to be installed for distribution of TV channels by our Network meets the technical and other requirement(s) specified for “Digital Addressable Cable TV Systems” in Schedule I of the Telecommunication (Broadcasting & Cable Services) Interconnection (Digital Addressable Cable Television System) Regulations 2012, as amended which may be verified by the Broadcaster before execution of the agreement.

(Signature)

Date :

Place :