

# APPLICATION FOR AFFILIATION

## NAME OF APPLICANT

Enterprise Name:

Nature of Entity   
(Proprietorship/Partnership/Private Co. Public.Co.)

Name of Proprietors/Partner/Diretors:

- |                         |                          |
|-------------------------|--------------------------|
| 1. <input type="text"/> | 6. <input type="text"/>  |
| 2. <input type="text"/> | 7. <input type="text"/>  |
| 3. <input type="text"/> | 8. <input type="text"/>  |
| 4. <input type="text"/> | 9. <input type="text"/>  |
| 5. <input type="text"/> | 10. <input type="text"/> |

Operating Since

(Date/Month/Year)

## REGISTRATION DETAILS

Registration No:  Reg. Date   
\*Enclose copy of the Cable Operator's Registration Certificate Date /Month/Year)

Service tax Registration No.   
\*Enclose copy

PAN Number:

\*Enclose copy of the PAN

## SUBSCRIPTION DETAILS

Area of Operation

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Number of Households supplied to:

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No. of Franchisees:

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\*Enclose list refer annexure 1

No. of Subscribers

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Channels Required

### ANNEXURE [I] – FRANCHISEE LIST

Sr. No.	Franchisee Name	Address	Telephone No.	Regn. No.	No. of households connected	Declared subs	Area of Operation





