



FILSCAP LICENSE APPLICATION FORM TERRESTRIAL TV

Date of Application _____

COMPANY DETAILS:

Business Name _____
 Address _____
 Telephone Number _____ Fax Number _____
 TIN Number _____
 Representative _____
 Designation _____
 Mobile Number _____ Email Address _____
 Signatory _____
 Designation _____

DETAILS FOR ASSESSMENT:

A. PARTICULARS

Type Commercial Government-owned
 Call Letters _____
 Station Address _____
 Launch Date _____
 Days of Operation ____ Total Broadcast Hrs. Per Day ____ Sign On Time ____ Sign Off Time ____

DETAILED LISTING OF PROGRAMS PER DAY

Time	Program Title	Percentage of Music Use in Program

*Use a separate sheet if necessary

Annual Gross Ad Revenue PHP _____

B. TYPE OF BUSINESS

Corporation
 Please list names of the following:
 President _____
 Vice-President _____
 Secretary _____
 Treasurer _____
 General Manager _____

Partnership/Single Proprietorship
 Please list names of the following:
 Partner _____
 Partner _____
 Partner _____
 Individual Owner _____

Please submit a copy of the following together with the filled-up application form:

- Corporate Secretary Certificate (if applicable)
- Any government issued ID of the signatory

Signature over Printed Name _____