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 _____
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 _____

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