



# FILSCAP LICENSE APPLICATION FORM CABLE 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:**

|          | Number of Subscribers | Subscription Rate |
|----------|-----------------------|-------------------|
| Postpaid |                       |                   |
|          |                       |                   |
|          |                       |                   |
|          |                       |                   |
|          |                       |                   |

|         | Number of Subscribers | Subscription Rate |
|---------|-----------------------|-------------------|
| Prepaid |                       |                   |
|         |                       |                   |
|         |                       |                   |
|         |                       |                   |
|         |                       |                   |

\*Use a separate sheet if necessary

Annual Gross Revenue      PHP \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_