



## **APPLICATION FOR A LICENCE TO PROVIDE SUBSCRIPTION TELEVISION SERVICE VIA THE INTERNET (IPTV)**

### **Application Guidelines**

This is an application for a licence to provide subscription television services via the internet (IPTV). The Broadcasting Commission reserves the right to reject an incomplete application.

#### **Instructions to Applicants**

- 1) Completed application forms together with supporting documents will be received by the Broadcasting Commission at prescribed times.
- 2) Applicants are advised to familiarise themselves with the **Broadcasting and Radio Re-Diffusion Act, Television and Sound Broadcasting Regulations, 1996** and the **Children's Code for Programming**.
- 3) All requests for clarification must be submitted in writing to:

The Executive Director  
Broadcasting Commission  
5<sup>th</sup> Floor, Victoria Mutual Building  
53 Knutsford Boulevard  
Kingston 5

- 4) Applicants are required to submit a certified copy and one copy each of:
  - a. Certificate of Incorporation;
  - b. Articles of Incorporation or Articles of Association and Memorandum of Association;
  - c. Letter of Good Standing from Companies Office of Jamaica;
  - d. Notice of Appointment/Change of Directors/Appointment of Directors Form;
  - e. Valid Tax Compliance Certificate (TCC);
  - f. Valid company Tax Registration Number (TRN);
- 5) The Applicant may identify any documentation which it wishes to be held confidentially.
- 6) All sections of the application must be completed.
- 7) A signed copy of the checklist annexed to the application form must be returned with the form.
- 8) Applicants shall submit an original and six (6) copies of the Application Form with attachments and supporting documents, in individual envelopes with the applicant's name on each. These are to be delivered in a single package marked "***Application – Licence to Provide Subscription Television Service via the Internet (IPTV)***" and delivered to:

**Broadcasting Commission  
5<sup>th</sup> Floor, Victoria Mutual Building  
53 Knutsford Boulevard  
Kingston 5**

- 9) Applications must be delivered by appointment to the offices of the Broadcasting Commission on the following days: **Mondays: 1:00 p.m. – 4:00 p.m.**  
**Tuesdays: 9:00 a.m. – 12 noon**  
**Thursdays: 1:00 p.m. – 4:00 p.m.**
- 10) The Broadcasting Commission reserves the right to make changes to the application by addenda.
- 11) The Broadcasting Commission may require that Applicants provide clarifications in writing.
- 12) The Broadcasting Commission reserves the right to conduct hearings in relation to any application.
- 13) The Broadcasting Commission reserves the right to obtain external professional/technical assistance/advice in the evaluation of applications and to consult with other regulators.

# FORM B4

## THE BROADCASTING AND RADIO RE-DIFFUSION ACT

### APPLICATION FOR A LICENCE TO PROVIDE SUBSCRIPTION TELEVISION SERVICE VIA THE INTERNET (IPTV)

(Made pursuant to section 11(D) of the  
Broadcasting Radio Re-Diffusion Act)

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF PRINCIPAL  
PLACE OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

URL: \_\_\_\_\_

NAME OF CHAIRMAN: \_\_\_\_\_

NAME OF COMPANY SECRETARY: \_\_\_\_\_

NAME OF AUTHORISED PERSON  
TO WHOM THE COMMISSION MAY REFER: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date application received: \_\_\_\_\_

Application number: \_\_\_\_\_

Date licence granted: \_\_\_\_\_

Date licence refused: \_\_\_\_\_

Reason for refusal: \_\_\_\_\_  
\_\_\_\_\_

**PART 1****COMPANY INFORMATION****Shareholders, Directors, Executive Officers and other staff**

Names of Principal Shareholders	Shares Held	Nationality

Names of Directors	Address	Nationality

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Name of Chief Executive Officer: \_\_\_\_\_

Qualifications and Experience:

\_\_\_\_\_

\_\_\_\_\_

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Name of Chief Technical Officer: \_\_\_\_\_

Qualifications and Experience (CTO should at a minimum have a degree in Computer Science; and CCNE, CCNA or other equivalent certification):

\_\_\_\_\_

\_\_\_\_\_

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Name and title of officer responsible for programming/content:

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Qualifications and Experience:

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Attach-

Information on the numbers, qualifications and skills of key operational personnel (e.g. – Engineering; Customer Service; Technical Service),

- a) Intended to be employed by you; or
- b) Intended to be contracted for provision of such services.

## PART 2

### SERVICE INFORMATION

#### Implementation

When is it proposed to commence service? (Provide the calendar date or length of time after the licence is granted)

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State the area(s) within which applicant intends to operate

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Attach –

1. Detailed implementation plan;
2. Table showing proposed channel line-up, complete with ratings and packages. The information provided should detail the following:

- (a) **Programming service – Indicate the name of the programme channel.**
- (b) **Service offering – Indicate whether channel is ‘basic’ or ‘optional.’**
- (c) **Channel Number- Indicate the number assigned in the channel line up.**
- (d) **Transmission Mode - Indicate ‘E’ for ‘Encrypted,’ ‘N-E’ for Non-Encrypted.**

**NOTE: Licensees are required to provide a minimum of ten (10) channels to customers. This must include at least two (2) of the national broadcast services. The applicant must also provide one (1) channel for public service and educational programmes.**

3. List of Test Equipment and/or other Maintenance equipment

Provide-

- a. Evidence of intention to be copyright compliant e.g. Memoranda of Understanding (MOU) with rights holders, and rights management or collection societies.
- b. Draft Service Level Agreement with Subscribers which should include the following:
  - If a deposit is required, the terms under which the deposit is to be held. State whether the deposit is to be refunded upon return of any equipment provided and interest paid on the deposit.
  - A list of the communications arrangements or devices through which subscribers can make contact; (e.g. Telephone, Cellular Phone, Fax, E-mail, Voice Mail, etc).
  - Information on mechanism(s) that will be available to subscribers to prevent minors from exposure to adult content (e.g. x-rated and adult channels).
  - Information on mechanism(s) that will be in place to ensure subscriber’s security. This should include the following:
    - Authentication of subscribers’ devices ( e.g. IP set top box)
    - Confidentiality subscribers’ information
    - Subscribers’ right to privacy

**PART 3****SYSTEM INFORMATION**

Attach-

1. A diagram showing the proposed IPTV Network Hierarchy
2. A diagram showing the proposed IPTV Network Architecture

The system information provided should detail the following:

**(a) Video Headend Office (Servers, other equipment, etc.)**

Type	Quantity	Manufacturer

**(b) Video Serving Office**

Type	Quantity	Manufacturer

**(c) Subscriber Receiving Equipment**

IP Set Top Boxes (IP – STB), etc

Type	Quantity	Manufacturer

**(d) Standby Power Equipment**

(Standby power equipment must be capable of providing a minimum of 3 hours of continuous power supply without degradation).

Type	Quantity	Manufacturer

**(e) Network Support for IPTV Service:**

**Provide information on the following as a commitment to QoE/QoS**

1.	Packet Loss Ratio (PLR)		
2.	Network Call Admission Control		
3.	Forward Error Correction		
4.	Standards supported by the system		

**PART 4**  
**FINANCIAL**

Estimated Administrative, Distribution and other related costs

Item	Estimate Cost
1. Land and Buildings (including access and utilities)	\$ _____
2. Video Headend Equipment	\$ _____
3. Subscriber Receiver Equipment	\$ _____
4. Office & Administration Equipment	\$ _____
5. Other Equipment	\$ _____
<b>TOTAL</b>	\$ _____

For the facilities indicated, provide the costs of all equipment installed and in place and ready for operation, which should include General Consumption Tax (GCT) where it cannot be claimed as input tax credit.

List and indicate the cost of all major equipment or component of the IPTV System.

Item	Estimated Cost
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	\$ _____
<b>TOTAL</b>	\$ _____

Where costs are to be shared please attach a breakdown of such costs.

Installation fee for customers receiving facility \$ \_\_\_\_\_

Specify any equipment for which rental fees may be charged.

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**Subscriber Fees**

Specify the:

(a) Proposed installation/provisioning fee (excluding GCT).

\$ \_\_\_\_\_

(b) Monthly subscription fee for the basic package of programming/content

(c) Equipment rental (where applicable): \$ \_\_\_\_\_

Specify the fees (monthly or otherwise) for services offered on an optional basis

Packages or channel	Rate (indicate whether monthly or otherwise)	Programmes included in the Package
1.	\$ _____	
2.	\$ _____	
3.	\$ _____	
Other	\$ _____	

Please attach a balance sheet for the company or division of the company in respect of the proposed IPTV operations as of the anticipated date for commencement of operations and one year thereafter.

Documents attesting to the availability of funds, whether provided by an individual or a financial institution, are to be submitted. Where an individual is providing funding, a letter of commitment, attested to by a financial institution is to be submitted.

**Market area**

Indicate population and number of households in the service area:

Population	Households

Source of the household data: \_\_\_\_\_

Projected Subscriber Base (At year end)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
<b>1. Households</b>						
<b>2. Subscribers</b>						
<b>3. Penetration (% of households)</b>						

A summary of area applied for and details of the basis for all assumptions used for projections are required. (NB applicant should specify whether licence applied for is to provide service to the entire island or part thereof).

NOTE: In respect of the service area, a projected pre-tax income statement is to be completed

Service Area: \_\_\_\_\_

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
<b>Projected Revenues</b>						
<b>1. Service provisioning</b>						
<b>2. Basic services</b>						
<b>3. Discretionary service</b>						
<b>4. Equipment Rentals</b>						
<b>5. Others(specify)</b>						
<b>TOTAL REVENUE</b>						
<b>Projected Operating Expenses</b>						
<b>1. Payments to the program distributor(s). State the name of each distributor</b>						
_____						
_____						

<p>_____</p> <p><b>2. Provisioning Service</b> (non-capital costs)</p> <p><b>3. Equipment Maintenance</b></p> <p><b>4. Customer Service Costs</b></p> <p><b>5. License Fees (5 %)</b></p> <p><b>6. Other costs (specify)</b></p> <p>_____</p>						
<b>TOTAL COSTS</b>						

**FINANCIAL STATEMENT**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
<b>TOTAL REVENUE</b>						
<b>TOTAL COSTS</b>						
<b>PROJECTED OPERATING INCOME</b>						
<b>Projected Expenses</b>						
<b>Establishment Cost</b>						
<b>Rent</b>						
<b>Utilities</b>						
<b>Other (Specify)</b>						
_____						
_____						
_____						
<b>Administrative Costs</b>						
<b>Salaries and Wages</b>						
<b>Professional fees</b>						
<b>Promotion</b>						
<b>Other (Specify)</b>						
_____						
_____						
_____						
<b>TOTAL EXPENSES</b>						
<b>Projected operating profit/loss</b>						
<b>Depreciation (give details)</b>						
<b>Profit / Loss before financial charges</b>						
<b>FINANCIAL CHARGES (give details)</b>						
<b>Projected pre-tax profit or loss</b>						

**PART 5**

**ADDITIONAL INFORMATION**

**Please state briefly any additional information which will be helpful in the examination of this application.**

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I hereby declare that the information contained herein is true.

**SIGNED,** )  
For and on behalf of

\_\_\_\_\_ )  
\_\_\_\_\_ )

by \_\_\_\_\_ )  
\_\_\_\_\_ )

**(Title)**

on the \_\_\_\_\_ day of \_\_\_\_\_ )

in the presence of  
\_\_\_\_\_ )

**(Justice of the Peace / Attorney At Law)**