APPLICATION FOR A COMMERCIAL BROADCASTING LICENCE

Application Guidelines

This is an application for a Commercial Broadcasting Licence. The Broadcasting Commission shall reject all unresponsive applications.

Instructions to Applicants.

1) Completed application forms together with supporting documents and transmittal letters will be received by the Broadcasting Commission at prescribed times.

2) Questions concerning applications must be submitted to:

   The Chairman
   Broadcasting Commission
   5th Floor, Victoria Mutual Building
   53 Knutsford Boulevard
   Kingston 5

3) Applicants are cautioned that no prior, or post award, conversation, representation or agreement with any officer, agent or employee of the Office of the Prime Minister, Broadcasting Commission, or its consultants and designates, shall affect or modify any terms of the Act, Regulations and Guidelines herein.

4) All requests for clarification by the applicant must be received in writing by the Broadcasting Commission.

5) Change to the application material will be made by written addenda issued by the Broadcasting Commission. Applicants should provide Acknowledgements, by number and date issued, of each addendum to this application, if any.

6) All Applicants shall submit an original and eleven (11) copies of the Application Form with attachments and supporting documents, in individual envelopes, with the applicant’s name on each to the Broadcasting Commission in one overall Package marked “Application for Commercial Broadcasting Licence.”

7) Applications and supporting documents must be addressed to: The Chairman, Broadcasting Commission, 5th Floor, Victoria Mutual Building, 53 Knutsford Boulevard, Kingston 5.

8) Applications must be delivered by appointment to the offices of the Broadcasting Commission on the following dates: 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.

9) The Applicant may request that financial documentation, required at part five (5) of the application, be held confidential.
10) Applicant must demonstrate that they have the financial resource necessary to set up and operate the station proposed at the required standard.

11) Applicants are advised to acquire and read the Television and Sound Broadcasting Regulations, 1996.

FORM A

THE BROADCASTING AND RADIO RE-DIFFUSION ACT

APPLICATION FOR COMMERCIAL BROADCASTING LICENCE

(Made pursuant to regulation 3(1)(a) of the Television and Sound Broadcasting Regulations, 1996)

NAME OF APPLICANT: ____________________________________________________________

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: __________________________________________

________________________________________________________________________________

TELEPHONE: ______________________ FAX: ____________________________________________

NAME OF CHAIRMAN: _____________________________________________________________

NAME OF COMPANY SECRETARY: _________________________________________________

NAME OF PERSON IN THE BUSINESS TO WHOM THE COMMISSION MAY REFER:

________________________________________________________

FOR OFFICE USE ONLY

Date application received: __________________________________________________________

Application number: ______________________________________________________________

Date licence granted: ______________________________________________________________

Date licence refused: ______________________________________________________________

Reason of refusal: ________________________________________________________________
PART 1
Shareholders, Directors, Executive Officers and other staff

<table>
<thead>
<tr>
<th>Names of Principal Shareholders</th>
<th>Shares Held</th>
<th>Nationality</th>
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<table>
<thead>
<tr>
<th>Names of Directors</th>
<th>Nationality</th>
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</table>

Name of Chief Executive Officer: ________________________________
Qualification: ________________________________________________
_________________________________________________________________
_________________________________________________________________

Name of Chief Technical Officer: _________________________________
Qualification: _________________________________________________
_________________________________________________________________
PART 2
SERVICE INFORMATION

Implementation

When do you propose to begin commercial broadcasting?

Give either the planned calendar date or length of time after the licence is granted. *Attach detailed implementation plan.*

Service Area Map

Attach a clearly legible service area map showing precisely, the area to be covered and method of delivery to be used indicating the location of the main studio facility and all transmitter sites.

Attach a diagram showing a propagation plan for the entire area to be served.

PART 3
SYSTEM INFORMATION

List below the elements of the system indicating precisely, details of the equipment to be used.

(a) Studio Equipment

<table>
<thead>
<tr>
<th>Type</th>
<th>Quantity</th>
<th>Manufacturer</th>
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<tbody>
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(b) Transmitter Equipment

<table>
<thead>
<tr>
<th>Type</th>
<th>Quantity</th>
<th>Manufacturer</th>
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NOTE: 1. Attach specifications for all abovementioned equipment and their capabilities

2. Information on the company supplying equipment is to be provided if the supplier is different from the manufacturer.
PART 4

PROGRAMMING

Please indicate the number of hours of broadcasting each day:

(a) at the commencement of operation: _______________________________

(b) in full operation:_______________________________________________

List all services to be distributed

<table>
<thead>
<tr>
<th>Time</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
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NOTE:

If it is proposed to receive any services for a fee from a programming originator or service distributor, enclose a copy of the signed contract or a letter from the programme provider respecting the provision of the service. The fees to be paid to the provider of the service should be stated in the contract or letter.

Local content of programmes including content from Caricom countries is to be stated.

Indicate your programme policy and in particular, your policy in respect to Jamaican and Caricom programming.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
PART 5
FINANCIAL

Estimate of Administrative, Transmitting and Studio Facilities costs including General Consumption Tax (GCT) where it cannot be claimed as input tax credit.

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimate Cost</th>
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</thead>
<tbody>
<tr>
<td>1. Land and Buildings (including access and utilities)</td>
<td>$________________________</td>
</tr>
<tr>
<td>2. Receiving and Transmitting Equipment</td>
<td>$________________________</td>
</tr>
<tr>
<td>3. Programme production Equipment</td>
<td>$________________________</td>
</tr>
<tr>
<td>4. Office &amp; Administrative Equipment</td>
<td>$________________________</td>
</tr>
<tr>
<td>5. Other Equipment</td>
<td>$________________________</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$________________________</td>
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</tbody>
</table>

Documents attesting the availability of funds, whether provided by an individual or financial institution, are to be submitted.

Where an individual is providing funding, a letter of commitment of the funds attested to by the financial institution where the funds are held, is to be submitted.

Indicate projected income from:

<table>
<thead>
<tr>
<th>Project</th>
<th>Estimate Cost</th>
</tr>
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<tbody>
<tr>
<td>Production</td>
<td>$________________________</td>
</tr>
<tr>
<td>Advertising</td>
<td>$________________________</td>
</tr>
<tr>
<td>Other</td>
<td>$________________________</td>
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</tbody>
</table>
Please state briefly any additional information you think will be helpful in the examination of this application.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Signature Title

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Date

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