APPLICATION FOR VARIATION OF A SUBSCRIBER TELEVISION LICENCE

Application Guidelines

IMPORTANT POINTS TO NOTE

1. Any licensee wanting to add more than sixty (60) zones must apply for a new licence and not a variation.

2. An incomplete application will be considered non-responsive and will not be assessed.

3. If applicants intend to use utility poles to distribute signal in additional zones a letter of intent from the utility companies indicating a willingness to enter into a pole attachment agreement for the additional areas must be submitted with each application.

4. Along with the information on the application form and in any attachments, the Commission's assessment will take into consideration any outstanding breaches of licence: technical, programming, financial, operational, infrastructure use or statutory obligations.

5. Licensees must not increase or decrease the size of the STV service area until they receive legal approval of the application to add or remove zones. While waiting for the application to be assessed, licensees must continue to provide STV service in all licensed zones and must not build-out and/or provide STV service in additional unlicensed zones. Anything to the contrary will jeopardise the application, be a breach of the existing licence and will form part of the assessment of the licensee's compliance record.

PROCEDURE FOR SUBMISSION OF APPLICATIONS

6. A non-refundable fee of $50,000 must accompany the application.

7. Each applicant must submit an original and two (2) copies of the application form and supporting documents in individual envelopes with the applicant’s name on each, altogether in one package marked "Application to Vary STV Licence".

8. Submit information in attachments if there is inadequate space on the form. Attachments must be labelled and any diagrams must include diagram keys.

9. Completed applications will be received by appointment on:
   - 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. Applications must be addressed to: The Chairman, Broadcasting Commission, 5th Floor, Victoria Mutual Building, 53, Knutsford Boulevard, Kingston 5

ADDITION OF ZONES

11. Corporate leadership & shareholding - Where there have been changes in directorship and/or shareholding the appropriate proof of change forms, from the Companies Office, are to be included with the application.

12. Distribution capacity - If the applicant has entered into distribution agreements with third parties, evidence of these agreements are to be included with the application.
13. **Implementation plan** - a detailed plan is to be attached to the application form, including the following information:
   - Date/s for acquisition of materials
   - Bill of material list
   - Dates for installation of service in each zone

14. **Zone layout maps** - these diagrams must include:
   - Zone boundaries
   - Trunk and distribution cable runs within the zone

15. **New head-ends** - The following diagrams must be submitted:
   - Head-end site plan
   - Schematic layout of head-end
   - Schematic block and signal level diagram(s)

16. **Additional equipment** - The information on additional equipment must include detailed description and technical specifications of standby backup power facility for any new head-end.
THE BROADCASTING AND RADIO RE-DIFFUSION ACT

The Television and Sound Broadcasting (Amendment) Regulations, 2007

FORM B3

THE BROADCASTING AND RADIO RE-DIFFUSION ACT

APPLICATION FOR VARIATION OF A SUBSCRIBER TELEVISION LICENCE

(Made pursuant to Regulation 6A of the Television and Sound Broadcasting Regulations, 1996)

PART I - General

1. NAME OF LICENSED SUBSCRIBER TELEVISION (STV) PROVIDER:

_______________________________________________________________________

(Insert name of company)

2. CONTACT PERSON REPRESENTING THE LICENSEE

NAME: ________________________________________________________________

(Please write in block capitals)

TITLE: ________________________________________________________________

TELEPHONE NO.: ________________________________

MOBILE NO.: ________________________________

E-MAIL: ______________________________________________________________

MAILING ADDRESS: ____________________________________________________

_______________________________________________________________________

3. LICENCE NO: ________________________________________________________

(Provide the number written on the licence to which the application for amendment relates)

4. DATE OF ISSUE OF THE LICENCE AND DURATION

_______________________________________________________________________

(State the day, month and year appearing on the licence as well as the period for which the licence is valid)

Date of Application _____/_____/______  Applicant’s Initials __________
PART 2 – ADDITION OF ZONES

THIS PART APPLIES ONLY TO LICENSEES SEEKING VARIATION OF THEIR SUBSCRIBER TELEVISION LICENCES BY THE ADDITION OF ZONES

5. Zone(s) to be added:

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<th>Zone number</th>
<th>Zone name</th>
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6. If the application for addition of zones is approved, how soon after approval will service begin in each zone in the additional service area?

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<tr>
<th>Zone Number</th>
<th>Date of Start of Service</th>
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7. Are these zones to be served by existing head-end facilities already in operation?

Yes _____
No _____

8. The following information shall be supplied in detail in separate labelled attachments to this application form:

A. Corporate leadership - if there has been any change in directors of the company since the licence was first issued or renewed identify all new directors, by name, nationality, and address

B. Shareholding - if there has been any change in shareholding of the company since the licence was first issued or renewed. Identify all new shareholders (persons or companies), their Nationalities and the proportion of shares each holds.

C. Distribution capacity – details of how the signal is to be distributed in the additional area and all relevant supporting information

D. Implementation plan for the provision of service to the proposed additional service area

E. Zone layout maps for the proposed additional zones

Date of Application _____/_____/______
Applicant’s Initials __________

DD MM YYYY
9. If any additional head-end(s) are to be established provide the following information:

   A. A diagram showing precise boundaries and a distribution plan for the proposed additional service area indicating the location of the head-end facility and re-transmitting sites

   B. A block and signal level diagram of the entire system to be established in the proposed additional service area

   C. A diagram of the schematic site layout of any head-end facility to be established in the proposed additional service area indicating adjacent buildings, boundaries and rights of way

   D. Additional equipment including that listed below is to be acquired. Identify the type, quantity and manufacturers of the equipment:

       (i) Central receiving equipment
       (ii) Distribution equipment
       (iii) Subscriber-receiving equipment
       (iv) Standby power equipment

Date of Application ____/_____/____ Applicant’s Initials __________
PART 3 - REMOVAL OF ZONES

THIS PART APPLIES ONLY TO LICENSEES SEEKING VARIATION OF THEIR SUBSCRIBER TELEVISION LICENCES BY THE REMOVAL OF ZONES

10. State the actual number of subscribers currently being served in the zones proposed for removal from the licence:

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<thead>
<tr>
<th>Zone Number</th>
<th>Number of registered subscribers</th>
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11. If the application for removal of zones is approved, how soon after approval will service end in each zone?

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12. The following information shall be supplied in detail in separate labelled attachments to this application form:

A. The reason for the application for removal of zones from the licence

B. All supporting documentation for the reason given

C. The exit strategy and timetable for ending service in the listed zones including –

   (i) Methods to be used to give notice to subscribers, individuals and publicly, about the withdrawal of service

   (ii) Policy for return of any equipment used by subscribers e.g. cable boxes

   (iii) Pro-rating and refunds of fees to subscribers, and

   (iv) Any transitional arrangements to be entered into with any substitute operator/s.

Date of Application _____/______/_______  Applicant’s Initials __________

DD    MM    YYYY