



L-Awtorità tax-Xandir
————— MALTA —————
Broadcasting Authority

Application Form

Licence

For a Satellite Television

Broadcasting Service

A. APPLICATION FORM FOR A SATELLITE TELEVISION BROADCASTING SERVICE

- (a) Applicants should inform the Authority on which satellite service their television service will be carried and from which location they will uplink. Details of the uplink company are to be given.
- (b) Applications should be typed. Two copies of this completed form are required. Only add separate sheets where it is indicated you may do so; otherwise responses must be kept within the space allocated. Appendices giving additional information, or any other material should not be enclosed unless specifically requested. Failure to comply with these requirements will render the application liable to disqualification. Following the presentation of this application form to the Broadcasting Authority, any contact between the applicant and the Authority should only be at the instigation of the Authority.
- (c) This form, when completed, should be addressed to the Chairman of the Broadcasting Authority.

la. **PROPOSED STATION NAME**

lb. **NAME, ADDRESS AND TELEPHONE NUMBER(S) OF MAIN ORGANISER(S) OF THIS APPLICATION**

(for contact purposes: maximum two persons).

Name (1) (2)

Address:

Telephone:
(daytime)

Mobile:

E-mail:

1c. NAME OF APPLICANT

1c. LEGAL STATUS OF APPLICANT

(see Article 10, subarticles (4) to (6) of Part III of the Broadcasting Act). A copy of the Memorandum and Articles of Association should be attached.

2. CONTENT AND STYLE OF PROGRAMMING (maximum 60 words)

(This is your 'Promise of Performance'- see Section 5a of this form).

3. MEMBERS OF APPLICANT GROUP - overleaf give name, age, address, nationality (if not Maltese) and other activities (e.g. other directorships) of each. Briefly describe personal background and previous experience, especially that which is relevant to running this television service.

3a. MANAGING DIRECTOR

Name:

Age:

Address:

Nationality:

Background/Experience:

Tel. No. :

Mobile No.:

3b. DIRECTORS / MANAGEMENT COMMITTEE

For each individual, provide the following information (use additional sheets if necessary)

Name:

Age:

Address:

Nationality:

Background/Experience:

Tel. No.:

Mobile No.:

3c. DESCRIBE HOW, AND WHEN, THE APPLICANT GROUP WAS FORMED, AND HOW IT HAS DEVELOPED.

Mention any other organisations lending support to this application.

4. STAFFING

- 4 a. Draw up a reporting structure showing station management and organisation, including all intended staff posts, with salaries. (Use one additional sheet if necessary).

4b. EXECUTIVES / SENIOR STAFF (including those mentioned at Section 3) - give name, age, address and nationality (if not Maltese) of any individuals so far appointed or identified for station management or other senior staff posts. Briefly describe personal background and relevant previous experience, and state which post the individual would occupy. (Use additional sheets if necessary).

4c. Give total number of (i) full-time and (ii) part-time staff actually employed or to be employed in paid posts.

(i) Full-time

(ii) Part-time

Actually employed

To be employed

4d. If applicable, indicate how voluntary (i.e. unpaid) staff would contribute to the running of the station, and how many volunteers might be involved during a typical week.

5. PROGRAMMING

5a. Make your promise of programming performance, stating, in not more than sixty words, the precise nature of the programme service you intend to provide. If possible, quantify in approximate terms the proportions of airtime to be devoted to the main elements of output. (Please use same wording as in Section 2).

5b. Briefly describe how your proposed programming will differ from, and add to, the choice of television output already available.

5c. During which hours of the day do you intend to broadcast? (If different from day to day, please list each day of the week separately).

5d. Do you intend to broadcast any programmes obtained from a source other than your own television station?

YES ___ NO ___

IF YES, STATE:

When? (State times of day)

For how many hours per week in total?

From what source(s)? (State number of hours per source)

(Note: If the sharing of a frequency between a number of different contributing groups is planned, please provide an outline of the sharing arrangements proposed, as part of the response to Section 5f below).

5e. What arrangements will you make to obtain:

National news?

International news?

5f. Provide an outline on these pages of a proposed typical week's programming, indicating the times of broadcasting and the length and type of items likely to be included. Indicate also whether any increase in hours is expected, and when.

5 f. (contd.)

5 f. (contd.)

5g. What, if any, are your plans for preparing and broadcasting national information, social action and/or religious programming? Please include details of any proposals for off-air activity, e.g. the provision of training facilities.

5h. If programming in languages other than Maltese is proposed, state which, and give approximate proportions of total output to be broadcast in these languages.

6. THE AUDIENCE

6a. Is the satellite service Free TV (without any subscription)?

YES ___ NO ___

6b. Is the satellite service Pay TV? What type of Pay TV service is offered?

	YES	NO
a.) Pay TV per channel, where the subscriber pays for your channel alone?	<input type="checkbox"/>	<input type="checkbox"/>
b.) Pay-TV basic tier bundle/bouquet, where your channel is part of an entire bundle/bouquet the subscriber pays for?	<input type="checkbox"/>	<input type="checkbox"/>
c.) Pay-TV special tier bundle/bouquet, where your channel is part of an entire bundle/bouquet the subscriber pays for?	<input type="checkbox"/>	<input type="checkbox"/>

The applicant must provide the Broadcasting Authority at least one free subscription or free access for each of the above modes of distribution.

6c. How large an audience do you expect to attract? Will your station appeal especially to particular groups within the population (if so, say which)? What evidence do you have of public demand for the type of programme service you propose? (If specific audience research has been carried out, use this and a maximum of one additional page to summarise main findings of relevance. Do not include full audience research reports with the application).

6d. By what means would the station plan to keep in touch with the views of its viewers, and their responses and reactions to its services?

6e. Are there any particular organisations or groups within the Maltese islands which you would expect to involve on a regular basis in the station's programming, or on an advisory basis?

7. FINANCIAL ARRANGEMENTS

7a. Applicants should submit a feasibility study analysis covering three (3) years as a minimum which should include:

- (i) Projected profit and loss statement - first year;
- (ii) Projected cash flow statement - first year;
- (iii) Projected balance sheet for the three years;
- (iv) Projected statement of source and application of funds;
- (v) Details of assumptions on which feasibility study is based;
- (vi) Details of financing arrangements;
- (vii) Details of grants and donations.

7b. Share capital

Classes of share capital:

	Number	Par value	Issue Price (if different)
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Voting:

Non voting:

Other: *(Please specify)*

7c. Loan Stock

If loan stock is to be issued, state the amount and redemption/conversion terms.

7d. Set out below the details of all voting shareholders (excluding any nominal membership shares), and holders at 5% or more of non-voting shares and loan stock. (A second page may be added if necessary).

Name of Investor	Address	Invest. €	% of total required
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7e. Describe briefly the method by which share/loan capital is to be raised. (Give details of any proposal to have share capital publicly quoted).

7f. Other loans

If appropriate, give details of lender, interest rate and repayment terms.

7g. Bank overdraft facilities

If facilities have been provisionally negotiated, attach a supporting letter from the relevant bank.

Letter dated

Enclosed/Not enclosed
(delete as applicable)

7h. Details of capital expenditure.

8. CASH FLOW FORECAST

In which year of operation is it expected:

- (i) first to make a trading profit?
- (ii) to have eliminated all cumulative losses?

9. ADVERTISING AND OTHER REVENUE

9a. What arrangements do you propose for the sale of advertising?

9b. Briefly show how you have estimated your annual revenue from the sale of advertising time (taking into account e.g. population coverage, percentage of airtime sold, tariff levels).

9c. Who within the television station would be responsible for advertising. (Please confirm that he/she will be made familiar with the Code for Advertisements and Sponsorships as laid down in the Third Schedule of the Broadcasting Act and Article 16 of the Broadcasting Act).

9d. If you plan to raise revenue from sources other than the sale of airtime for advertising (e.g. merchandising, commercial production, co-funding, etc.), please list these below:

Type/source of revenue	Expected annual income (Yr 1) €	% of total revenue required
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10. APPLICANT'S OTHER INTERESTS

10a. Details are required of the involvement by the applicant group in the activities set out below. For these purposes, the applicant group is defined as its directors (or their equivalent), any company or person with a potential holding of 5% or more of any class of voting share or loan capital, or any subscriber otherwise providing 5% or more of the total funding needs identified in paragraph 7b above. Details should be given under the following broad classifications, showing for each heading the extent of the interest owned, i.e. wholly owned, controlling interest (and size thereof), minority interest (and size thereof). If not applicable, write 'None'.

(i) Advertising agencies.

(ii) The manufacture of records or the publication of musical works.

(iii) The promotion of the broadcasting of sound recordings or of the broadcasting of performance of music works.

(iv) The obtaining of employment for theatrical performers or for persons to take part as performers in programmes by way of television or radio.

(v) Newspapers, including shareholdings or holdings in a group having substantial control over one or more newspapers.

10b. Provide details of any connection between the applicant group (as defined above) and the following:

(i) Sound broadcasting, television, and allied activities (e.g. wire distribution of sound or television, satellite and cable television).

(ii) Places of entertainment or other entertainment activities.

(iii) Other connections of a nature relevant or related to broadcasting.

(iv) Connections with bodies of a wholly or mainly religious nature.

(v) Connections with bodies of a wholly or mainly political nature.

11. TRANSMITTERS AND OTHER EQUIPMENT (Until an offer of licence is made, the Authority does not wish to be told which engineering company or consultancy, if any, has been or will be providing advice or services to the applicant).

11a. Please add any technical points regarding transmission in addition to those given above.

SD

HD

12. STUDIOS (Until an offer of licence is made the Authority does not wish to be told which engineering company or consultancy, if any, has been or will be providing advice or services to the applicant).

12a. What is the proposed location (give the actual address, if known) of your studio(s)? What is the property currently used for?

12b. What form of acoustical treatment and isolation do you envisage for your studio(s)?

12c. On a separate sheet, insert a rough scale plan of your studio(s), technical areas and other principal rooms, giving all dimensions.

12d. On a separate sheet, list and price all studio equipment you either have or intend to purchase, giving proforma specifications.

12e. Please add any technical points regarding studios, in addition to those given in sections 12a to 12d.

12f Are you providing a Direct to Home Service (DTH)?

YES ___ NO ___

12g What arrangements do you propose for linking your studio(s) with the transmitter?

12h On which Satellite(s) do you intend to broadcast?

a) Satellite Name:

Satellite Coordinates:

Satellite Transponder Frequency:

b) Satellite Name:

Satellite Coordinates:

Satellite Transponder Frequency:

If you are broadcasting on more satellites please provide the above satellite information.

12i) Do you intend to stream on the Internet (IPTV)? If yes what is the URL?

YES ___ NO ___

URL:

13. READINESS DATE

How long after the award of licence would you be ready to start broadcasting?
What are the main factors that will determine your readiness date?

I certify that, to the best of my knowledge, the details given in this application for a licence to provide satellite television broadcasting services are correct, and that I have read the Broadcasting Act and understand the terms under which licences to broadcast are issued. I understand that, if awarded the licence, transmission logs of all output will need to be made and retained for ninety days prior to being recycled and that if phone-ins are part of the station's programming a delay mechanism will need to be installed and instructions given for its use where necessary.

Further I declare and confirm that I am fully aware that the Broadcasting Authority reserves the right to carry out a due diligence review of the legal, financial, technical and business operations and condition of Applicants. I acknowledge, undertake and bind myself to cooperate in regard to any such review and to provide when necessary information and documents for the proper and effective implementation thereof.

Signature:

Name (in block capitals):

Position within applicant group: