



**GOVERNMENT OF PAKISTAN
PAKISTAN ELECTRONIC MEDIA REGULATORY AUTHORITY
PEMRA HQs Building, Mauve Area, G-8/1, Islamabad
www.pemra.gov.pk
Tele # 051-9107139, Fax # 051-9107140**

APPLICATION FORM FOR CABLE TELEVISION OPERATION FORM

Date of Application

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(dd-mm-yyyy)

- Application form should be (TYPE WRITTEN & BLOCK LETTER).
- All the applicants are requested to provide all the information/ documents as per check list attached.
- Separate sheet of paper may be used if necessary.

**Attach 2
Passport size
Photograph**

PART I- CORPORATE INFORMATION

1. Firm/ Company's Particulars:

1.1 Name of Firm/ Company:

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1.2 Registered Address

1.3 Business Address

1.4 NTN

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1.5 Registration No. of Firm/ Company

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1.6 Date of Incorporation / ablishment of Firm/ Company

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1.7 Phone No. (Office)

1.8 Fax No.

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1.9 Email:

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Part IV- Check List (for Official Use Only)

- a) Complete Company profile.
- b) Proof of Registration of Company with the Security Exchange Commission of Pakistan (SECP). (Certified copy of Certificate Incorporation).
- c) Proof of Rs. 3.0 paid- up Capital of the Company.
- d) Certified copies of Article of Association / Memorandum of Association of the Company.
- e) Certified copy of Form 29, Form A or 3 (if applicable) of the Company.
- f) Comprehensive Project Feasibility (Technical & Financial).
- g) Proof of Registration with Income Tax / Sale Tax etc. and last three years Income Tax statements.
- h) Character certificate issued by law enforcing agencies in respect of Directors / CEO of the companies that they are not involved in any criminal or anti-state activities nor being convicted in any criminal offence.
- i) Undertaking that Applicant Company or its Directors do not own or control any Broadcast media / landing rights permission as sole or joint shareholder.
- j) Undertaking declaring that Company and its Directors are not defaulters of Government of Pakistan or its any other Organization / PEMRA.
- k) Annual Audited Accounts of the Company.

Complete

InComplete

Approved

Not approved

Signature of Regional General Manager _____