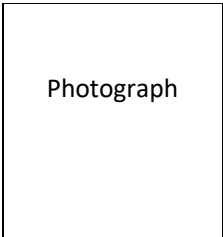




MEGA MAX TV PVT. LTD

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info@maxdigitaltv.com, Website: www.maxdigitaltv.com



Photograph

Local Cable Operator's (LCO) Application Form

Form No:

LCO DETAILS							
LCO Name (*)							
Name of the Representative							
Designation of Representative							
Registration ID					PAN /VAT No.		
Representative Contact No.							
Email ID							
Citiz./D.L./ PP/Voter ID No							
Address							
House No/Building No.				Zone (*)			
Ward No.				Municipality			
State (*)				City (*)			
LCO's TECHNICAL CONTACT (*)							
Person Name							
Contact							
Email ID							
PACKAGE DETAILS							
S.No	Package Name	Package Price	Validity		Package Duration 1 year/ Month/2 months/ 6 Months	No. of Channels	
			From	To		HD	SD

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief.

Signature of LCO's Representative

FOR OFFICE USE ONLY	
CAS Signal From	
Initial Top-Up Amount	
Estimated Subscriber	
STB allocated	

Name:
Legal Department

Name:
Finance Department

Name:
SMS Department