Attachment 2

Applicant Information Registration Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Basic Information | | | | |
| Name of Organisation |  | | | |
| Type of Organisation (choose one) | 🞎 The Applicant does not have its own broadcasting channel(s) or platform(s).  🞎 The Applicant has its own broadcasting channel(s) or platform(s). | | Date of the organisation’s establishment |  |
| Head office location (Group/Company) | | City State/Province | | |
| Office location | | City State/Province | | |
| Oganisation’s legal representative basic information | | | | |
| Name |  | Gender |  | |
| Date of Birth |  | Place of Birth |  | |
| Contact. No. |  | E-mail |  | |
| ID No. |  | | | |
| Main business or products:  Main business or main products: | | | | |
| Management team profile: | | | | |