Attachment 2

Applicant Information Registration Form

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| --- |
| 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:  |