

APPENDIX-2

APPLICATION FORM: LANDING RIGHTS PERMISSION/ AUTHORIZATION FOR SATELLITE TELEVISION CHANNEL BY THE LICENSEE

INFORMATION OF LICENSEE

1. License No:
2. Type of the License:
3. Issuing Authority/ Entity:
4. Validity of the License:
5. Official Address:

SATELLIE TELEVISION CHANNEL

6. Name of the Channel
7. Country of Registration:
8. License / Registration No.:
9. Agreement : Please attach the agreement with the Television Channel
10. Contact Details:

PARTICULARS OF THE SATELLITE

11. Name of the Satellite
12. Country of Registration:
13. Agreement : Please attach the agreement with the Satellite Operator
14. Contact Details:

PARTICULARS OF THE EARTH STATION

15. Name of the Earth Station:
16. Location of the Earth Station :
17. Contact Details:

UPLINK/DOWNLINK ARRANGEMENT

A2: 1


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psc, Signals
Director
Spectrum Management Directorate
Bangladesh Telecommunication
Regulatory Commission

- 18. Uplink/Downlink**
- Through the Ground Segment Facilities of BCSCL
 - /Through own arrangement
 - Through other permitted Satellites
- 19. Name of the Earth Station:**
- 20. Location of the Earth Station :**
- 21. Contact Details:**

TECHNICAL INFORMATION

- 22. Please provide the details of the Satellite in the table below**

Name of the Satellite and Transponder	Please check the appropriate boxes					
	<input type="radio"/> Encrypted <input type="radio"/> Unencrypted <input type="radio"/> Compressed	<input type="radio"/> Analogue <input type="radio"/> Digital	<input type="radio"/> C-Band <input type="radio"/> Ku-Band <input type="radio"/> Ka-Band <input type="radio"/> Others(.....)	<input type="radio"/> Free-to-Air <input type="radio"/> Subscription		
Uplink Frequency: BW:	Downlink Frequency: BW:		Coverage Map along with EIRP: (Please provide as attachment)			
Transponder:	Symbol Rate:		Orbital Location:			
Polarization:	Modulation:					
Encryption System (if any):	Coordinated with Bangladesh (Yes/No):					
Please attach the technical brochure of the satellite and Co-ordination documents						

Signature of the authorised representative on
behalf of the Applicant Company

Date:



A2: 2

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