



FILSCAP LICENSE APPLICATION FORM CABLE TV

Date of Application _____

COMPANY DETAILS:

Business Name _____

Address _____

Telephone Number _____ Fax Number _____

TIN Number _____

Representative _____

Designation _____

Mobile Number _____ Email Address _____

Signatory _____

Designation _____

DETAILS FOR ASSESSMENT:

	Number of Subscribers	Subscription Rate
Postpaid		

	Number of Subscribers	Subscription Rate
Prepaid		

*Use a separate sheet if necessary

Annual Gross Revenue PHP _____

Signature over Printed Name _____