



APPLICATION FORM:

Radio / TV recordings.

APPLICATION FORM:

Radio / TV recordings.



GENERAL

In order to receive previously aired radio or TV broadcasts specific information is required.

In this application form the required information has been specified in the following sections:

SECTION 1: Information about the applicant

SECTION 2: Specifications of the required recorded radio / TV programme

Please fill in the form in capital letters (block letters).

APPLICATION FORM:

Radio / TV recordings.



SECTION 1: INFORMATION ABOUT THE APPLICANT

1.1. Type of applicant? (Check the box that is applicable).

Private

Government organization (Public)

1.2. Information about the applicant.

| | | | |
|--------------------------|---|----------------------|--------------------------------|
| • Name | : | <input type="text"/> | |
| • Last name | : | <input type="text"/> | |
| • Address | : | <input type="text"/> | |
| • Date of birth | : | <input type="text"/> | |
| • Company/organisation | : | <input type="text"/> | |
| • Telephone No. (Fixed) | : | <input type="text"/> | Fax No. : <input type="text"/> |
| • Telephone No. (Mobile) | : | <input type="text"/> | |
| • E-mail | : | <input type="text"/> | |

APPLICATION FORM:

Radio / TV recordings.



SECTION 2: SPECIFICATIONS REQUIRED RECORDING

2.1. Recording specifications. (Check the box that is applicable).

- TV recording Skip question 2.2
- Radio recording Skip question 2.3

2.2. Specifications radio station and radio programme.

- Name radio station :
- Frequency radio station :

| Name of the required radio recording (fill in the name of the radio programme) | Date of broadcast radio programme | Time of broadcast radio programme (am or pm) |
|---|-----------------------------------|---|
| | / / 20 | From To |
| | / / 20 | From To |
| | / / 20 | From To |
| | / / 20 | From To |
| | / / 20 | From To |
| | / / 20 | From To |
| | / / 20 | From To |

APPLICATION FORM:

Radio / TV recordings.



2.3. Specifications TV station and TV programme.

- Name TV station :
- TV channel :

| Name of the required TV recording (fill in the name of the TV programme) | Date of broadcast TV programme | | | Time of broadcast TV programme (am or pm) | |
|---|--------------------------------|------|--|--|----|
| | / | / 20 | | From | To |
| | / | / 20 | | From | To |
| | / | / 20 | | From | To |
| | / | / 20 | | From | To |
| | / | / 20 | | From | To |
| | / | / 20 | | From | To |
| | / | / 20 | | From | To |