



L-Awtorità tax-Xandir
— MALTA —
Broadcasting Authority

Application Form

Own Broadcasting Distribution Service

7, Mile End Road, HAMRUN HMR 1719, Malta.
Telephone: +356 2201 6000, E-mail: info.ba@ba.org.mt
www.ba.org.mt

APPLICATION FORM FOR AN 'OWN BROADCAST' DISTRIBUTION SERVICE

GENERAL INSTRUCTIONS

- (a) Applications should be typed. Seven copies of this completed form are required. Only add separate sheets where it is indicated you may do so; otherwise responses must be kept within the space allocated. Appendices giving additional information, or any other material (e.g. cassettes, publicity documents), should not be enclosed unless specifically requested. Failure to comply with these requirements will render the application liable to disqualification. Following the presentation of this application form to the Broadcasting Authority any contact between the applicant and the Authority should only be at the instigation of the Authority.
- (b) This form, when completed, should be addressed to the Chairman of the Broadcasting Authority

PART I - GENERAL INFORMATION

- 1a. NAME, ADDRESS AND TELEPHONE NUMBER(S) OF MAIN ORGANISER(S) OF THIS APPLICATION
(for contact purposes: maximum two persons).

Name (1) _____ (2) _____

Address

Telephone _____

Mobile

Email

- 1b. LEGAL STATUS OF APPLICANT
(see Article 10 of the Broadcasting Act)

2. CONTENT AND GENRES OF PROGRAMMING

This is your 'Promise of Performance'. Briefly describe the genres of programming that will be broadcast on this station.

3a. MANAGING DIRECTOR

Name: _____ Age: _____

Address:

Nationality: _____

Background / Experience:

Telephone: _____

Mobile: _____

Email: _____

4. STAFFING

- 4a. EXECUTIVES / SENIOR STAFF (including those mentioned at Section 3) - give name, age, address and nationality (if not Maltese) of any individuals so far appointed or identified for station management or other senior staff posts. Briefly describe personal background and relevant previous experience, and state which post the individual would occupy. (Use additional sheets if necessary).

5. PROGRAMMING

5a. During which hours of the day do you intend to broadcast? (If different from day to day, please list each day of the week separately).

6. EDITORIAL RESPONSIBILITY – EDITOR

6a. Will any person be registered as editor or publisher under the Media and Defamation Act and if so who will that person be?

Name and Surname: _____

Address:

Tel.: _____

e-mail: _____

Mobile No.: _____

Changes to the above have to be notified to the Authority three working days prior to effecting any such changes.

It is to be noted that all charges issued by the Authority's Chief Executive for any breach of the Constitution, Broadcasting Act and subsidiary legislation made thereunder shall be issued against the Editor. The Editor shall also ensure compliance with the said legislation.

7. THE AUDIENCE

7a. How large an audience do you expect to attract? Will your station appeal especially to particular groups within the population (if so, say which)? What evidence do you have of public demand for the type of programme service you propose? (If specific audience research has been carried out, use this and a maximum of one additional page to summarise main findings of relevance. Do not include full audience research reports with the application).



I certify that, to the best of my knowledge, the details given in this application for a licence to provide digital radio broadcasting services are correct, and that I have read the Broadcasting Act and understand the terms under which licences to broadcast are issued. I understand that, if awarded the licence, tape recordings of all output, apart from commercial tapes, records or discs (with timings), will need to be made and retained for ninety days prior to being recycled and that if phone-ins are part of the station's programming a delay mechanism will need to be installed and instructions given for its use where necessary.

Signature: _____

Name (in block letters): _____

Position within applicant group:- _____