TV BROADCASTER: PPL INFORMATION SHEET

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| **1.** | **BRIEF DESCRIPTION OF YOUR CHANNEL:** |  |
| **2.** | **LICENSEE:** **(full name of legal entity)** |  |
| **3.** | **COMPANY NUMBER:** |  |
| **4.** | **OFCOM LICENCE NUMBER:** |  |
| **5.** | **REGISTERED ADDRESS:** **(and correspondence address if different)** |  |
| **6.**  | **NAME OF CHANNEL:** |  |
| **7.** | **CHANNEL LAUNCH DATE:** |  |
| **8.** | **UK CHANNEL/EPG NUMBER:** | **FREESAT** | **FREEVIEW** | **SKY** | **VIRGIN** |
|  |  |  |  |
| **9.** | **IS THE CHANNEL BARB MEASURED?** | **YES** | **NO** |
|  |  |
| **10.** | **PLEASE LIST ALL TERRITORIES RECEIVING THE CHANNEL AND THE NO. OF HOMES REACHED:** | **TERRITORY** | **NO. HOMES REACHED VIA SATELLITE** |
|  |  |
| **11.** | **HOW IS THE CHANNEL FUNDED?****(e.g. via advertising or subscription revenue)** |  |
| **12.** | **PLEASE ESTIMATE THE NUMBER OF MINUTES PER WEEK THE CHANNEL WILL BROADCAST COMMERCIAL SOUND RECORDINGS:** |  |
| **13.** | **WILL THE CHANNEL USE ANY MUSIC VIDEOS?** **(If YES, please estimate the number of minutes per week the channel will broadcast music videos)** | **YES** | **NO** |
|  |  |
| **14.** | **THE REPORTING OF MUSIC USAGE TO BE PROVIDED BY:** | **BROADCASTER DIRECTLY** | **THIRD PARTY****(If so, please name below)** |
|  |  |
| **15.**  | **PLEASE TICK IF THE FOLLOWING PLATFORMS ARE REQUIRED:****(If so, please provide web address)**  | **INTERNET SIMULCAST** | **CATCH UP < 30 DAYS** | CATCH UP > 30 DAYS |
|  |  |  |
| **16.** | **IF 15. APPLIES, PLEASE ESTIMATE THE NUMBER OF HOURS OF STREAMING PER YEAR OF PROGRAMME CONTENT:** | **INTERNET SIMULCAST**  | **CATCH UP < 30 DAYS** | **CATCH UP > 30 DAYS** |
|  |  |  |
| **17.** | **IF 15. APPLIES, WILL TEMPORARY DOWNLOADS OF PROGRAMMES BE MADE AVAILABLE?** **(If so, please estimate the number of downloads per year)**  | **YES** | **NO** |
|  |  |
| **18.** | **IF 15. APPLIES, DO YOU CURRENTLY CHARGE OR PLAN TO CHARGE A SUBSCRIPTION FEE TO ACCESS ON-DEMAND CONTENT?****(If so, please provide details)** | **YES** | **NO** |
|  |  |
| **19.** | **PLEASE PROVIDE DETAILS OF FUTURE PLANS AND/OR POSSIBLE CHANGES TO YOUR OUTPUT:** |  |
| **NAME:****POSITION:****DATE:***Please complete all sections and return by email to the Broadcast Licensing team at* *tvbroadcasting@ppluk.com* |