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*](mailto:tvbroadcasting@ppluk.com) | | | | | | | |