



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"/>	



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)		
					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)
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>
	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	From <input type="text"/> To <input type="text"/>