

## Registration Form For Class Licensable Broadcasting Services (Audiotext Services)

- This form must be completed by the Licensee in respect of the broadcasting service(s) for which this registration is made and must be sent to the Infocommunications Media Development Authority of Singapore (“IMDA”) within 14 days from the commencement of its service.
- All spaces are to be completed. Where not applicable, please fill in “NA”.

<b>1. Particulars of Organisation/Company</b>	
1.1	<b>Name of Organisation/Company</b>
1.2	<b>Place and Date of Incorporation (Please attach a copy of the Certificate of Incorporation)</b>
1.3	<b>Address and Contact Information</b>  Registered Address in Singapore: _____  _____  Telephone No. : _____  Email: _____  Facsimile No.: _____
1.4	<b>Have any of the directors been a director of a company whose broadcasting licence(s) had been revoked by IMDA for breach of licence condition(s)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	<b>Company Profile (Please give a brief description of company’s activities)</b>

<b>2. Particulars of Service</b>										
<p><b>2.1 Type(s) of Service(s)</b> <i>Please tick (3) where appropriate</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Chat lines</td> <td style="width: 33%;"><input type="checkbox"/> SMS Chat</td> <td style="width: 33%;"><input type="checkbox"/> Mobile phone downloads</td> </tr> <tr> <td><input type="checkbox"/> Information services</td> <td><input type="checkbox"/> Games of chance</td> <td><input type="checkbox"/> International Calling Card (ICC) Services</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Others (please specify: _____)</td> </tr> </table>	<input type="checkbox"/> Chat lines	<input type="checkbox"/> SMS Chat	<input type="checkbox"/> Mobile phone downloads	<input type="checkbox"/> Information services	<input type="checkbox"/> Games of chance	<input type="checkbox"/> International Calling Card (ICC) Services	<input type="checkbox"/> Others (please specify: _____)			
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<p><b>2.2 Commencement Date(s) of Service(s)</b> <i>Please attach additional information (if any)</i></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Date (dd/mm/yyyy):</u></th> <th style="text-align: left;"><u>Description:</u></th> </tr> </thead> <tbody> <tr><td>(1) _____</td><td>_____</td></tr> <tr><td>(2) _____</td><td>_____</td></tr> <tr><td>(3) _____</td><td>_____</td></tr> <tr><td>(4) _____</td><td>_____</td></tr> </tbody> </table>	<u>Date (dd/mm/yyyy):</u>	<u>Description:</u>	(1) _____	_____	(2) _____	_____	(3) _____	_____	(4) _____	_____
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(1) _____	_____									
(2) _____	_____									
(3) _____	_____									
(4) _____	_____									
<p><b>2.3 Fees / Rates Charged (in Singapore Dollars)</b> <i>Please attach additional information (if any)</i></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Fees/Rates:</u></th> <th style="text-align: left;"><u>Description:</u></th> </tr> </thead> <tbody> <tr><td>(1) S\$ _____</td><td>_____</td></tr> <tr><td>(2) S\$ _____</td><td>_____</td></tr> <tr><td>(3) S\$ _____</td><td>_____</td></tr> <tr><td>(4) S\$ _____</td><td>_____</td></tr> </tbody> </table>	<u>Fees/Rates:</u>	<u>Description:</u>	(1) S\$ _____	_____	(2) S\$ _____	_____	(3) S\$ _____	_____	(4) S\$ _____	_____
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(2) S\$ _____	_____									
(3) S\$ _____	_____									
(4) S\$ _____	_____									
<p><b>2.4 User Guidelines / Acceptable Use Policy (AUP)</b> Do you provide any AUP?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If "Yes", please attach a copy of the AUP.</p>										
<b>3. Particulars Of Website (if any)</b>										
<p><b>3.1 URL:</b></p> <p>_____</p>										
<p><b>3.2 IP Address:</b></p> <p>_____</p>										

<b>4. Particulars of Principal Applicant</b>	
4.1 <b>Name (Dr / Mr / Mrs / Ms)</b> <i>Please delete accordingly</i>	
4.2 <b>Nationality</b>	4.3 <b>NRIC/FIN No.</b>
4.4 <b>Place of Birth</b>	
4.5 <b>Address and Contact Information</b>	
Residential Address: _____ _____	
Telephone No. : _____	
Email: _____	
Facsimile No.: _____	
<b>5. Declaration</b>	
5.1 <b>I declare that the information provided above is true, accurate and complete to the best of my knowledge, and I undertake to notify IMDA, Licensing Division (Broadcasting) of any subsequent changes thereto.</b>	
_____	_____
Name, Designation & Signature	Company Stamp & Date
<b>6. Notification of Changes</b>	
6.1 The Licensee shall notify IMDA in writing within 14 days of any change in the nature of its service or any addition of new service(s) not declared in this Registration Form.	
6.2 The Licensee shall notify IMDA in writing within 14 days of any change to its contact information or any other information provided in this Registration Form.	
6.3 The Licensee shall notify IMDA in writing within 14 days of the termination of its service.	

**FOR OFFICIAL USE ONLY**

**Date Received On :**

**Registration Validity Start Date :**

**Please forward the completed Registration Form to :**

Info-communications Media Development Authority  
Licensing Division  
3 Fusionopolis Way  
#14-22 Symbiosis  
Singapore 138633  
Facsimile +65 6577 3601