



CIM TV STUDY: NEW CHANNEL PARTICIPATION REQUEST

Channel name:

Media Sales house:

Broadcasting company:

 Address:

 Phone: Fax:

Business contact:

 E-mail:

Technical contact:

 E-mail:

I have read and agree with the rules to this study as published on:
<http://www.cim.be/nl/televisie/reglement-televisie> or <http://www.cim.be/fr/television/reglement-television>

- I confirm I wish to add the above mentioned channel into the CIM TV study:
 - Full access (min. 6 months) Small access (MZR/RME)
- I confirm I wish to add the above mentioned channel into the Enhanced Audio Reference Site (only for broadcasting companies already participating in the CIM TV Study).

Date: Signature Business contact:

Technical information

Type of broadcast	Analog	<input type="checkbox"/>	Digital	<input type="checkbox"/>
Available in	Flanders	Wallonia	Brussels	
Telenet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proximus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VOO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV Vlaanderen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TéléSAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scarlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orange TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Content package(s):

Country & Network Identification Code (CNI code):

Test broadcast starting date & hour:

Live broadcast starting date & hour:

End date (if temporary channel):