

Schedule IV

(Refer sub-regulation (16) of the regulation 10)

Broadcaster Distribution Request Application Form For access to INDigital-DTV network of NXTDIGITAL, a division of Hinduja Global Solutions LIMITED, for the distribution of Television Channel (s).

This is to inform that the Hon'ble National Company Law Tribunal, Mumbai ("NCLT"), vide its Order dated 11th November 2022 ("Order"), has approved the Scheme of Arrangement between NXTDIGITAL Limited ("NDL") and Hinduja Global Solutions Limited ("HGS").

Consequent to the said Order, the Digital, Media and Communications business undertaking of NDL as detailed in the Order, along with all their concomitant rights, obligations, and liabilities, shall from 12th November 2022 ("Effective Date"), vest with HGS.

1. Name of the broadcaster:

2. The names of CEO/MD of the broadcaster:

(Mr./Ms.) _____

(Mr./Ms.) _____

3. Registered Office address:

4. Address for communication:

5. Name of the contact person/ Authorized Representative:

(Mr./Ms.) _____

Telephone: _____ Mobile: _____

Email address: _____

8. Details of channel(s) for which request for distribution has been made:

- Name of the Channel (s): _____
- Nature of Channel (s) (Free-to-Air or Pay): _____
- MRP of channel if Pay: _____
- Genre of channel: _____
- Language(s) of channel: _____
- Channel Type (SD or HD): _____
- Downlinking & Technical parameters of channel (s): _____
 - a. Name of satellite: _____
 - b. Orbital location: _____
 - c. Polarization: _____
 - d. Downlinking frequency: _____
- Modulation / Coding & Compression standard of channel: _____
- Encryption of channel: encrypted/unencrypted: _____
- Commercial parameters of channel(s)
 - Distribution Fee terms and conditions (please describe): _____

 - MRP - Discounting terms and conditions (please describe): _____

- Legal parameters of channel(s) a) Please provide copy of valid MIB up-linking or downlinking license/permission for the channel(s) for which broadcaster is looking for distribution

Date: _____

Place: _____

Authorized Signatory Name: _____

Designation: _____

DECLARATION

I _____ s/o,

d/o _____,

(Authorized Signatory), of _____

(Name of the broadcaster), do hereby declare that the details provided above are true and correct.

Date: _____

Place: _____

Authorized Signatory Name: _____

Designation: _____

----- End -----