

REGISTRATION FORM

TV ☐ COMMUNITY RADIO ☐ COMMERCIAL RADIO ☐ WEBCASTING ☐


OTHERS..... SPECIFY

1. NAME OF STATION/COMPANY:
2. FREQUENCY:
3. DATE OF TRANSMISSION:
4. PRINCIPAL OWNERS: 1..... 2.
5. REGISTERED ADDRESS:




6. LOCATION OF TRANSMITTER:
7. TELEPHONE NUMBER(S):
8. FAX:
9. E-MAIL:
- 10.WEBSITE:

- 11.OWNER/CEO's NAME:
PHONE NO.:
EMAIL:

- 12.MD/GEN.MANAGER'S NAME:
PHONE NO.:
- 13.NEWS EDITOR'S NAME:
PHONE NO.:

- 14.ADDITIONAL INFORMATION
OTHER STATIONS OPERATING
UNDER THE ABOVE REGISTERED
NAME: 

15. ATTACH THE FOLLOWING DOCUMENTS:

- Application to join GIBA on your letter head 
- Business Registration Certificate 
- Business Commencement Cert. 
- NCA Permanent Authorization Letter 
- Soft copy of your logo 
- Payment - Cash/Cheque: **Call the office on 0302251910**
 - a. Registration Fees ¢
 - b. Annual Membership Dues ¢

KINDLY FILL AND RETURN THE FORM TO GIBA SECRETARIAT