

SEYCHELLES BROADCASTING CORPORATION

ARCHIVED PROGRAMME(S) REQUEST FORM F1-Personal Use

Name of Requestor	
N.I.N	
Telephone Number	
Home Address	
Email Address	
Programme Title	
Date Programme aired	Time Programme aired
Platform/Channel	
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However, a hard copy of t can be released.	he completed form must be signed by the requestor before the DVD transfe
or further information o	requests, please contact <u>Ceo.Secretary@sbc.sc</u> or call 4289711.



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For Office Use Only

Recommended by Head of Section	Approved Not approved
Name:	T 0
Signature:	Deputy Chief Executive Officer or the Chief Executive Office
Date:	Date:
THIS SECTION IS TO I	E COMPLETED BY SALES AND MARKETING STAFF
Cost of Transfer	
Administrative Fee	Rs 100
VAT @15%	
DVD Cost	
Total revenue collected	
Invoice Reference PAID:	CASH / CHEQUE
VD COLLECTED by:IN (If different from Requestor):	Date:
gnature:	
BC Officer:	Date:
gnature:	