



SBCPOL-03-F1-Programme Proposal Form
MDAs & CSOs

PROPOSER DETAILS			
Entity Name		Email Address	
Contact Person		Mobile Number	
Job or Function Title		Work Number	
PROGRAMME DETAILS			
Name of Programme or Series of Programme		No. of episodes	
Expected Date of Submission to SBC		Duration of each episode	
Expected Airing Date(s) and Time(s)		Name of Producer or Production House	
Synopsis (Please provide information about this programme. Alternatively append any email or other document providing this information)			
AIRTIME PROPOSAL			
Free of Charge Request	<input type="checkbox"/>	Request to Partly Pay for the airtime	<input type="checkbox"/>
		Will Fully Pay for Airtime (Advertorial)	<input type="checkbox"/>
Name & Signature of Person Submitting			
FOR OFFICIAL USE			
Has programme passed the internal QC test: <input type="checkbox"/> Editorial <input type="checkbox"/> Technical <input type="checkbox"/> Others <input type="checkbox"/> Includes narrative to let the public know that it is a unilaterally produced programme (If Applicable)			
Approved for airing: (a) <input type="checkbox"/> Free of charge (b) <input type="checkbox"/> To Partly Pay for Airtime (c) <input type="checkbox"/> To Fully Pay for Airtime			
Justification (if required):			
Approved date and time for airing:			
Name & Title of SBC officer:			

This form can be filled-in, signed, and emailed electronically to: deputy.ceo@sbc.sc & ceo.secretary@sbc.sc
For further information, please email ceo.secretary@sbc.sc or call 4289711