

**申請修訂衛星電視共用天線 (SMATV) 牌照附表**  
**APPLICATION FOR AMENDMENT TO SCHEDULE TO**  
**SATELLITE MASTER ANTENNA TELEVISION (SMATV) LICENCE**

填寫本表格前，請你閱讀以下資料和在通訊事務管理局(通訊局)網頁 (<http://www.coms-auth.hk>) 的「衛星電視共用天線牌照持有人指引」。

1. 申請人必須填寫本表格甲部，如表格未有填寫妥當，可能會阻延處理申請。
2. 填妥的申請表格和所需佐證文件，請以下列任何一種方式提交 -
  - (a) 親自前往或郵寄至通訊事務管理局辦公室(通訊辦)支援服務分組，地址為香港灣仔皇后大道東213號胡忠大廈20樓。
  - (b) 傳真至 3155 0944。
  - (c) 電郵至 [support\\_services@ofca.gov.hk](mailto:support_services@ofca.gov.hk)。
  - (d) 使用本表格的「提交」按鈕作網上申請，按照網上指引上載所需佐證文件。  
(註 - 表格 OFCA F303 正本必須親自提交或郵寄。)
3. 如空位不敷應用，申請人可另頁填寫，所有送交通訊辦的文件將不會退還給申請人。
4. 辦公時間為星期一至五上午八時三十分至下午十二時三十分及下午一時三十分至下午五時四十五分。星期六、日及公眾假期休息。
5. 任何人仕如欲查詢牌照事宜，可 -
  - (a) 致電 2961 6603;
  - (b) 傳真至 3155 0944;
  - (c) 致函上述地址；或
  - (d) 電郵至 [support\\_services@ofca.gov.hk](mailto:support_services@ofca.gov.hk)。

**關於提供個人資料的補充附註**

1. 透過本表格提供個人資料，屬自願性質。若你沒有提供足夠資料，通訊辦可能無法辦理你的申請。
2. 你所填寫的個人資料，將被通訊辦用以處理你的申請。
3. 你在本申請表上所填寫的個人資料，可能會披露給其他與評審申請有關的政府部門／機構。
4. 你有權要求查閱和改正你的個人資料。你查閱資料的權利包括取得本申請表上所載個人資料的副本，惟索取這些資料時或須繳費。
5. 如對透過本申請表所收集的個人資料有疑問，包括如何提出查閱和改正個人資料的要求，請書面方式向通訊事務管理局辦公室個人資料主任提出，地址為香港灣仔皇后大道東213號胡忠大廈29樓，傳真號碼 2591 0316。

Please read the information below and the “Guidelines to Satellite Master Antenna Television (SMATV) Licensees” in the Communications Authority’s (CA’s) website ( <http://www.coms-auth.hk> ) before completing this form.

1. Part A of this application form **MUST** be completed. Incomplete application form may cause delay in processing.
2. Please submit the completed application form together with the required supporting documents by any of the following methods -
  - (a) In person or by post to Support Services Subsection, Office of the Communications Authority (OFCA), 20/F Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong.
  - (b) By fax to 3155 0944.
  - (c) By e-mail to *support\_services@ofca.gov.hk*.
  - (d) Use the “Submit” button in this form to submit the application online and follow the instructions given online to upload the supporting documents.  
(Note – Original copy of Form OFCA F303 must be submitted in person or by post.)
3. The applicant may attach additional sheets of paper if the space provided in the application form is not enough. All documents submitted to the OFCA will not be returned.
4. The opening hours are 8:30 am to 12:30 pm and 1:30 pm to 5:45 pm Monday to Friday. The office will close on Saturday, Sunday and Public Holidays.
5. Any person who has enquiries relating to licensing matters may -
  - (a) telephone at 2961 6603;
  - (b) fax to 3155 0944;
  - (c) mail to the above address; OR
  - (d) e-mail to *support\_services@ofca.gov.hk*.

#### **Supplementary Notes on the Provision of Personal Data**

1. The provision of personal data by means of this application form is voluntary. If you do not provide sufficient information, OFCA may not be able to process your application.
2. The personal data provided by you will be used by OFCA for processing your application made in this form.
3. The personal data you provide by means of this form may be disclosed to other government departments/agencies in connection with the assessment of your application.
4. You have a right of request for access and correction with respect to personal data. Your right of access includes the right to obtain a copy of your personal data provided by this application form, though a charge may be levied on obtaining such information.
5. Enquiries concerning the personal data collected by means of this form, including the making of request for access and correction, should be submitted in writing to the Personal Data Officer, Office of the Communications Authority, 29/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong; or sent by fax to 2591 0316.

**修訂衛星電視共用天線 (SMATV) 牌照附表申請表**  
**APPLICATION FORM FOR AMENDMENT TO SCHEDULE TO**  
**SATELLITE MASTER ANTENNA TELEVISION (SMATV) LICENCE**

|   |   |  |  |
|---|---|--|--|
| <b>甲部 PART A</b>  |   |  |  |
| <b>(1) 持牌人資料 PARTICULARS OF LICENSEE</b>                          |   |  |  |
| 持牌人名稱<br>Name of Licensee   |   |  |  |
| SMATV 牌照號碼<br>SMATV Licence No.                                   |   | 系統號碼 (如有)<br>System No.(if available)  |  |
| 聯絡人<br>Contact Person   |   | 職位<br>Position Held  |  |
| 電話號碼<br>Telephone No.   |   | 電郵地址<br>E-mail   |  |
| <b>(2) SMATV 系統的地址 LOCATION OF SMATV SYSTEM</b>                   |   |  |  |
| 樓宇座號/名稱/屋苑名稱<br>Block number/Name of building/<br>Name of Estate  | 門牌/街道名稱<br>Street Number/Street Name  | 地區<br>District   | 區域<br>Area   |
|   |   |  | <input type="checkbox"/> 香港 Hong Kong<br><input type="checkbox"/> 九龍 Kowloon<br><input type="checkbox"/> 新界 N.T. |
| <b>(3) 申請目的 PURPOSE OF APPLICATION</b>                            |   |  |  |
| (請在適當的方格內加上 ✓ 號)<br>(Please enter ✓ in the appropriate check box) |   | 所需文件/資料<br>(請參閱本部第四部分)<br>Required documents/Information<br>(please refer to Section 4 of this Part) |  |
| <input type="checkbox"/>  | 增設系統<br>Addition of a system  | (a), (b), (c) / (d), (f), (g) & (h)  |  |
| <input type="checkbox"/>  | 在領牌系統增設 / 遷移天線<br>Addition / Relocation of antenna to a licensed system               | (a), (b), (c) / (d), (e), (f), (g) & (h)   |  |
| <input type="checkbox"/>  | 在領牌系統更換天線<br>Replacement of antenna to a licensed system                              | (a), (b), (c) / (d) & (f)  |  |
| <input type="checkbox"/>  | 在領牌系統增設 / 更改分發區域<br>Addition / change of area of distribution<br>to a licensed system | (a), (c) / (d), (e), (g) & (h)   |  |
| <input type="checkbox"/>  | 更改領牌系統的輸出點數目<br>Changes to number of outlet points of a licensed system               | (a), (e)   |  |
| <input type="checkbox"/>  | 更改領牌系統的發送計劃<br>Change to the transmission plan<br>of a licensed system                | (f)  |  |
| <input type="checkbox"/>  | 註銷領牌系統<br>Deletion of a licensed system   | (e) & (i)  |  |

**(續甲部 Part A Cont.)****(4) 夾附文件 ATTACHED DOCUMENTATION**

- (a) 填妥的本表格乙部。  
Duly completed Part B of this form.
- (b) 填妥的表格 OFCA F303 以確證符合 SMATV 牌照的一般條件第 15 條的規定。  
(註 - 表格 OFCA F303 可於通訊局網頁 <http://www.coms-auth.hk> 下載。該表格的正本須親自提交或郵寄。)  
A duly completed Form OFCA F303 confirming that the requirements under General Condition 15 of the SMATV Licence are met.  
(Note - Form OFCA F303 can be downloaded at CA's website <http://www.coms-auth.hk>. The original copy of this form must be submitted in person or by post.)
- (c) 特別條件第 12 條規定的保險單副本。  
A copy of an insurance policy meeting the requirements under Special Condition 12.
- (d) 上述 SMATV 系統已受保，本人已將該保險單副本郵寄至通訊辦（無須在此申請書夾附保險單副本）。  
The above SMATV system has been under insurance and a copy of the insurance policy had been provided to the OFCA (It is not necessary to enclose a copy of insurance policy with this application).  
保險單有效期至：  
Insurance policy valid until: \_\_\_\_\_  
相關信件檔號：  
Related letter reference no.: \_\_\_\_\_  
信件日期：  
Date of letter: \_\_\_\_\_
- (e) 通訊局就有關系統批註的附表。  
The Schedule endorsed by CA for the system concerned.
- (f) 填妥的本表格丙部。  
Duly completed Part C of this form.
- (g) 該系統的概覽圖，包括 SMATV 前端及地面電視/調頻的接合處。  
A schematic diagram of the system including the SMATV headend and the terrestrial TV/FM connections.
- (h) 顯示詳細電纜線路的樓宇圖及立視圖。  
Block plan and elevation plan showing the detailed cable routing.
- (i) 接管負責操作 SMATV 系統的公司的詳情或該系統擁有人的詳情。  
Details of the company which takes over the responsibility for the operation of the SMATV system, or details of the owner of the system.

## 乙部 PART B

## (1) 分發區域 AREA OF DISTRIBUTION

分發區域數目

Number of Area of Distribution: \_\_\_\_\_

分發區域資料

Particulars of Area of Distribution

| 樓宇座號／名稱／屋苑名稱<br>Block Number/Name of<br>Building/Name of Estate | 門牌／街道名稱<br>Street Number/<br>Street Name | 地區<br>District | 大廈類別<br>Type of Buildings # | 輸出點數目<br>Number of<br>Outlet Points |
|---|--|----------------|-----------------------------|-------------------------------------|
|   |  |                |                             |                                     |
|   |  |                |                             |                                     |
|   |  |                |                             |                                     |

區域 Area:  香港 Hong Kong  九龍 Kowloon  新界 N.T.

#大廈類別：住宅、商業、工業、酒店、學院、其他（請註明）

Type of Buildings: Residential, Commercial, Industrial, Hotel, College, Others (please specify)

## (2) 天線資料 PARTICULARS OF ANTENNA

碟型天線數目

Number of Dish Antenna: \_\_\_\_\_

天線／無線電通訊接收電台位置

Location of Antenna/Radio Communication Receiving Station

| 天線位置<br>Location of Antenna | 碟形天線尺寸(以米計)<br>Dish Size(in metres) | 接收衛星<br>Satellite Received |
|-----------------------------|-------------------------------------|----------------------------|
|                             |                                     |                            |
|                             |                                     |                            |
|                             |                                     |                            |



丁部 PART D

申請人聲明

## DECLARATION OF APPLICANT

我／我們茲聲明我／我們在此表格及所呈交文件的內容及資料，就我／我們所知及相信全部屬真。

I/We hereby declare that the information and particulars given by me/us in this form and in the documents submitted are to the best of my/our knowledge true and correct.

簽名及公司印鑑\*

Signature with company chop\*

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簽署人姓名 (請用正楷填寫)

Signatory's full name in BLOCK LETTERS

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職位

Position held

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日期

Date

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\* 如經網上提交，申請人毋須簽署和蓋印。

\* Signature and company chop are not required for application form submitted online.