

Application Form for Intimation for Shutting Down of Operations

(Only for DPOs with existing Subscription License Agreements with Star India Private Limited)

(To be printed on DPO's Letterhead)

1. Name of the DPO: _____
2. Subscription License Agreement No./Customer ID No.: _____
3. Distribution Platform: _____
4. Name(s) of Owners/Directors/Partners of the DPO: _____
5. Registered Office Address of DPO (with PIN Code): _____

6. Complete Address for Communication (with PIN Code): _____

7. Name of the contact person/ Authorized Representative (Letter of Authorization/Board Resolution enclosed): _____
8. Telephone: _____
9. Email address: _____
10. Tentative date of shutting down of operations: _____
11. Please **enclose** the following documents with this form for shutting down of operations by the DPO:
 - a) Undertaking by the DPO declaring that the DPO shall clear the entire outstanding Subscription Fee due and payable by DPO to Star India Private Limited and/or any of its assignees, designates or representatives.
12. Reason for Shutting Down of Operations: _____

DECLARATION

I _____ s/o, d/o _____ (Owner/Proprietor/Partner /Director/ Authorized Signatory), of _____ (Name of DPO), do hereby declare that the details provided above are true and correct. I state that I will clear all pending payments due and payable to STAR as per the terms of SLA within three working days from the date of this application form. I further agree and undertake that on the payment of all payments due to STAR, both Parties shall be discharged of their liabilities, rights and obligations under the SLA. I further agree and undertake not to raise any claims/demands/allegations on STAR, for any reason whatsoever, subsequent to shutting down the operations.

For _____
Signature:
Name:
Date:
Place: