



REPORT OF CATV OPERATION AND SERVICE PROVIDER FOR THE YEAR /HALF YEAR/ OF 20

Name of Entity
Registry number:
Province, city
Soum, district

CaTV service provider entities shall fill and submit
this form to CRC before 20 Feb of next year and 01
Aug.

Indicators	Row No.	Confidentiality level	Unit	Total	Explanation	
1	2	3	4	5	6	
I. FINANCIAL INDICATORS						
Statutory fund amount - total (Row 28:30)	1	H1	1000 MNT			
Of which: by ownership type	State owned			2		
	Private			3		
	Joint venture			4		
Total revenue	5	H1				
Of which:	Cable			6		
	MMDS			7		
Total expense	8	H1				
Investment made during this period	With own investment			9		
	With loan investment			10		
	With other sources			11		
	Total	12				
Income (tax) paid to the state budget	Social Insurance Fee	13	H2	1000 MNT		
	Corporate Income Tax	14				
	VAT	15				
	Personal Income Tax	16				
	Customs Tax	17				
	Universal Obligation Service Fund	18				
	Other taxes and fees	19				
	Total	20				
II. HUMAN RESOURCE INDICATORS						
Number of total employees	21	H2	Number			
Of which: by age	Up to 24			22		
	25-29			23		
	30-34			24		
	35-39			25		
	40-44			26		
	45-49			27		
	50-54			28		
	55 and more			29		
Of which: by sex	Male			30		
	Female			31		
Of which: by education	Elementary education			32		
	High school education			33		
	Elementary professional education			34		
	Diploma level, specialized high			35		
	Bachelor (or higher)			36		
Of which: professional employees	Electric communication engineer			37		
	Radio communication engineer			38		
	Lawyer			39		
	Economist, finance, accountant			40		
	Electronic engineer			41		

Employee	IT Engineer	42	H1	1000 MNT		
	Operator	43				
	Other (translator, journalist, designer)	44				
Of which: with scientific degree	Education doctor	45				
	Scientific doctor	46				
	Primer engineer	47				
	Consultant engineer	48				
Monthly average salary	Qualified engineer	49				
	Director, CEO	50				
	Department manager	51				
	Engineer, technician	52				
	Economist, finance, accountant	53				
	Assistant	54				
	Service employee	55				
Other	56					
Monthly average salary of employees	57					

III. SERVICE INDICATORS

Number and distribution of all the channels provided /by appendix/		58	H2	1000 MNT	Number			
Percent in total channels	Mongolian channels				59	Percent		
	Of which: percent in total national channels	sport			60			
		children			61			
		education			62			
		news			63			
		movie			64			
		music			65			
		other			66			
	Foreign channels				67			
	Of which: percent in total foreign channels	sport			68			
		children			69			
		education			70			
		news			71			
		movie			72			
music		73						
other		74						
Number of paid channels		75						
Number of customers	In Ulaanbaatar	Cable			76	Number		
		MMDS			77			
	In local area /by each province in appendix/	Cable			78			
		MMDS			79			
New customers connected during the report period		80						
Customers disconnected during the report period		81						
Service tariff / cable and MMDS /	Initial installation	82	MNT					
	Monthly fee	83						
	Disconnection	84						
	Tariff of paid channel	85						

II. MMDS INDICATORS

Location	Latitude	86	H1	Degree		
	Longitude	87				
Transmitter power/ model		88		W		
Antenna name and type		89				
Antenna height		90			m	

Cable length /between antenna and feeder /	91		m		
V. SERVICE QUALITY INDICATORS					
Complaints per 1000 customers	Related to the service payment	92	H1	Percent	
	Related to the behaviour of service employee	93			
	Related to the time (required) for new connection	94			

Information confidentiality level:

H1 - To be used for the Regulatory Commission only. /Not to be disclosed to public/

H2 - To be used for developing annual communication market report.

***We declare that the information, reference and materials we provided on this form is complete and true. We hereby confirm that we understand that if the information, reference and materials provided on this form is false or incorrect, or incomplete, it'll become a reason to refuse to register or to revoke the license. We confirm that we made this report true and correct.

Prepared by::

/Job title, name, signature/

Reviewed and accepted by:

/Job title, name, signature/

Date: YYYY MM DD

Tel:.....

Fax:.....

Channel distribution

No.	Channel name	Country	Genre	Name of contracted supplier

