

Form for Discontinuation of Operations

[Only for MSO/DTH Operator/HITs Operator/IPTV Operator (DPO) with existing interconnection agreements with Zee Entertainment Enterprises Limited (ZEEL)]

Date: _____

1. Name of the DPO: _____
2. Interconnection Agreement(s) No(s) /Customer ID No(s): _____
3. Platform: _____
4. Registered Office Address of DPO (with PIN Code): _____
5. Complete Address for Communication (with PIN Code): _____
6. Name of the contact person/ Authorized Representative (Letter of Authorization/Board Resolution enclosed): _____
7. Telephone: _____
8. Email address: _____
9. Tentative date of discontinuation of operations: _____
10. Reason for Shutting Down of Operations: _____
11. Invoices received from ZEEL till the month of : _____
12. Outstanding amounts due and payable as per the invoices raised by ZEEL till date: INR _____
13. Total Outstanding amounts as per ZEEL's books of accounts and under the Interconnection Agreement(s) shall be paid by the DPO on or before _____ or within one week from the date of this form whichever is earlier ("**Due Date**").

For and on behalf of

Authorized Signatory

Company Stamp/Seal

DECLARATION

I _____ (Owner/Proprietor/Partner /Director/ Authorized Signatory), of _____ (Name of DPO), do hereby declare that the details provided above are true and correct. I hereby undertake and agree that all pending payments due and payable to ZEEL as per the terms of Interconnection Agreement(s) on or before the Due Date stated hereinabove. On the payment of all outstanding amounts as per ZEEL's books of accounts and under the Interconnection Agreement(s), both Parties shall be discharged of all their liabilities, rights and obligations under the Interconnection Agreement(s). I further agree and undertake not to raise any claims/demands/allegations on ZEEL, for any reason whatsoever.

| | |
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| For _____ | |
| Signature: | |
| Name: | Designation: |
| Date: | |

To be filled by ZEEL representatives

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| Date of receipt of the Form by ZEEL | |
| Total Outstanding amount till date of discontinuation | INR |
| Amount paid by the DPO | INR |
| Due Date | |
| FOR ZEEL | |
| Authorized Signatory | |