

Strata Management Unit Approval

A.C.N 102 483 929 A.B.N 24 102 483 929

Unit 7B/30 Foundry Rd NSW 2147

Phone: 1300 222 266

www.aaacom.com.au

DATE: _____

RE: CUSTOMER NAME _____

ADDRESS: _____

To Whom It May Concern:

AAACOM is a Satellite Installation Company providing Television services for the Ethnic Community across Australia and New Zealand.

Mr. /Ms _____ has requested our services to provide a Filipino television program called ABS-CBN.

On the following page please find included specifications relating to the dish and installation.

AAACOM is a quality satellite company and is covered by \$20 000 000 Public Liability insurance.

Please return page 2 of this document with your permission to provide the Television Service for said applicant in his/her home language.

If I can be of assistance or if any further information needed, please do not hesitate to contact us on Phone: 1300 222 266 or email us: admin@aaacom.com.au

Best regards,

Connie Frendon
Operations Director
AAACOM Pty Ltd

INSTALLATION SUMMARY

POSITION: Dish mounted to Roof or Balcony of Premises using a Hills Tin, Soffit or Wall Mount

CABLE: RG6 Quad Shield Coaxial Cable run from dish to unit (method is building dependent). Wall plate fitted.

Dish Specifications

The 85cm Satellite Dish is solid Galvanized steel with polyester powder coating with a gross weight (including mount, Inb and accessories) of approx 8 kgs. It can be removed from the premises when desired.

The Dish will be attached to the roof or balcony with steel roof mount tied with dynabolts.

Reflector Diameter	65cm
Gain Ku-Band 11.7—12.5GHz	39.34dB
FID Ratio	0.6
Focal Length	510 mm
Reflector Material	Galvanized Steel
Dish Support (Mount) Material	Steel
Reflector & Support Finish	Polyester Powder Coating
Operational Wind Loads	25 m/sec
Survival Wind Loads	40 m/sec
Gross Weight	approx 8kg

12 Month on site warranty * conditions apply

NOTE: Council Approval may be required and is the responsibility of the Strata Management.

STRATA MANAGEMENT APPROVAL

Tenant Information

CUSTOMER#: _____

NAME: _____ CONTACT NO: _____

ADDRESS: _____

Authorizing Representative

NAME OF REAL ESTATE: _____ ADDRESS: _____

NAME OF AUTHORISING PERSON: _____ POSITION: _____

SIGNATURE: _____

DATE:

PLEASE FAX to ABS-CBN GLOBAL 02 8884 6188