



CANADA
MEDIA FUND

FONDS DES MÉDIAS
DU CANADA

CONFIRMATION OF ONLINE DISTRIBUTION
FORM
DIGITAL LINEAR SERIES PROGRAM
ALL YEARS

Project Title: _____

CMF File No.: _____

Broadcaster (if applicable): _____

I, _____, (Applicant or Broadcaster) confirm the following for the above cited project:

Date of which all episodes were made available online: _____

Specify the platform or website URL: _____

FOR THE CANADIAN BROADCASTER:

FOR THE APPLICANT:

Signature: _____

I am duly authorized

Signature: _____

I am duly authorized

Name: _____

Please print

Name: _____

Please print

Title: _____

I am duly authorized

Title: _____

I am duly authorized

Date: _____

YYYY-MM-DD

Date: _____

YYYY-MM-DD