

Blanket Licence Application Form for Secondary Exploitation Framework Schedule C



Please note: No Licence, whether expressed or implied, shall be taken to have been granted by MCPS and/or PRS or its members merely by completion of this questionnaire.

A	Applicant Details
Company Name:	
Company Registration Number:	
Registered Address:	
Telephone Number:	
Principle Owners/Shareholders:	

B	Contact Details
Contact Name:	
Job Position:	
Contact Address (if different):	
Contact Telephone Number:	
Contact Fax Number:	
E-mail Address:	
Website Address (URL):	

C	Key Information
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- 1) Please indicate your primary business:
- | | |
|---|---|
| <input type="checkbox"/> TV broadcaster | <input type="checkbox"/> Television Distributor |
| <input type="checkbox"/> Independent Production Company | <input type="checkbox"/> Record Company (Label) |
| <input type="checkbox"/> Other (please specify): | |
-
- 2) Are you seeking a Worldwide licence or one excluding USA and Canada? WW Ex USA/Canada
- 3) How many television programmes would you expect to fall under this licence ?
- 4) Please estimate the average percentage of music contained within your programming?

You will need to supply full music cue sheets and sales data quarterly in our specified format.

By signing this application form you are confirming the following: The information contained in this document is accurate to the best of your knowledge.	
SIGNED _____	
Please print name	<input type="text"/>
Job Position	<input type="text"/>
Date	<input type="text"/>

Please sign and return this form to:
Broadcasting, MCPS-PRS Alliance Ltd, 29/33 Berners Street, London W1T 3AB
Alternatively, fax to Broadcasting on: 020 7306 4347