FILSCAP LICENSE APPLICATION FORM
CINEMA

Date of Application _____

COMPANY DETAILS:

Business Name _____

Address _____

Telephone Number _____ Fax Number _____

TIN Number _____

Representative _____

Designation _____

Mobile Number _____ Email Address _____

Signatory _____

Designation _____

DETAILS FOR ASSESSMENT:

Opening Date	Name of Cinema	Location/Branch	No. of Cinemas	Seating Capacity per Cinema

*Use a separate sheet if necessary

Please submit a copy of the following together with the filled-up application form:

-Corporate Secretary Certificate (if applicable)

-Any government issued ID of the signatory

Signature over Printed Name _____

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