



FILSCAP LICENSE APPLICATION FORM TRANSPORT / TERMINAL

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:

A. MODE OF TRANSPORT

- Sea Land
- Air Passenger Terminal
- Others: _____

B. MUSIC USAGE

Date of Operation	Type/Model of Transportation	No. of Units	Passenger Capacity	No. of Audio-Visual Screens

Date of Operation	Passenger Terminal Location/Branch	Area in sq.m.	No. of Audio-Visual Screens

*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 _____