



2 Passport Photos

APPLICATION FORM FOR A LICENCE AS A DISTRIBUTOR

- 1. Registered Business Name:
- 2. Owner(s) of the Company:
 - 1) Contacts:
 - 2)Contacts:
 - 3) Contacts:
 - 4).....Contacts:

- 3. Physical Address of Premises:
 - District:
 - Town:
 - Village:
 - Street/Road:
 - Building:
 - P.O. Box:

- 4. Category of licence applied for (Please tick appropriate box)
 - a. National b. Regional c. District d. Community

- 5. State the area of operation (Regional /District /Community) for which the licence is applied:
.....

- 6. Source of stock: Local Foreign

- 7. Channels/Methods of film distribution
 - Shop Mobile Online Others
 - Specify.....

- 8. Signed by:
Name of Applicant (Director):

Email address: Phone No:

Signature: Date:

- 10. **Contact Details** (Operation manager)

Name:Phone No:

Email Address:

Attach the relevant documents as per the requirement list.