



# 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:**

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

\*Use a separate sheet if necessary

Signature over Printed Name \_\_\_\_\_