



FILSCAP LICENSE APPLICATION FORM DANCE SCHOOL / STUDIO

Date of Application _____

COMPANY DETAILS:

Establishment Name _____
Address _____
Telephone Number _____ Fax Number _____
Business Name _____
Address _____
TIN Number _____
Representative _____
Designation _____
Mobile Number _____ Email Address _____
Signatory _____
Designation _____

DETAILS FOR ASSESSMENT:

MUSIC USAGE IN PREMISES

| Name of School/Studio | Location/Branch | Area in sq.m. | No. of Audio-Visual Screens |
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*Use a separate sheet if necessary

Signature over Printed Name _____