



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

*Use a separate sheet if necessary

Signature over Printed Name _____