



FILSCAP LICENSE APPLICATION FORM

MALL / DEPT. STORE / SUPERMARKET / RETAIL STORE

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:

A. NATURE OF BUSINESS (Check appropriate box/es)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Mall | <input type="checkbox"/> Shopping Center |
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Department Store |
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Others: _____ |

B. MUSIC USAGE IN PREMISES

Name of Store/ Establishment	Location/Branch	Area in sq.m.	No. of Audio- Visual Screens	Mode of Music (Live or Mechanical)

*Use a separate sheet if necessary

Signature over Printed Name _____