



FILSCAP LICENSE APPLICATION FORM RADIO BROADCAST

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:

Type KBP Member Non- KBP Member

To be filled out per station, please see attached, **Music Usage Report (Annex B for FM and/or AM Station)** and **Music Declaration Sheet (Annex A)**. These Forms will be used as basis in assessing the license fee due to your stations for the year.

Signature over Printed Name _____