



# FILSCAP LICENSE APPLICATION FORM TRANSPORT

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:**

**A. MODE OF TRANSPORT**

- Sea  Land
- Air  Passenger Terminal
- Others: \_\_\_\_\_

**B. MUSIC USAGE**

Type/Model of Transportation	No. of Units	Passenger Capacity	No. of Audio-Visual Screens

Passenger Terminal Location/Branch	Area in sq.m.	No. of Audio-Visual Screens

\*Use a separate sheet if necessary

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