

## **Film Distribution (Restricted) Licence Application Form (New)**

### **Section A – Filer Particulars (Mandatory)**

Name of Filer (person who submits this application)	
NRIC No./FIN of Filer	
Designation in Company	
Email Address	
Contact No.	

### **Section B – Company Particulars (Mandatory)**

*Please tick (✓) the correct option in the check boxes.*

Name of Company		
UEN of Company		
Commercial Company	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
Company Nature	Video Business Religious Others (Please specify) _____ _____ _____	
Registered Address		

Please attach the Company's business profile report from ACRA dated not more than three months before the date of this application.

### **Section C – Representative Particulars (Mandatory)**

Name of Representative	
NRIC No./FIN of Representative	
Designation in Company	
Email Address	
Contact No.	

### Section D – Licence Details (Mandatory)

Please tick (✓) the correct option in the circle provided.

Licence Category	Distribution (Restricted) Licence – 1 Year	
	Distribution (Restricted) Licence – 3 Year	
Start Date	<i>(Start date must be at least 5 working days from the current date; excluding public holidays)</i>	

### Section E – Licence Information (Mandatory)

Please tick (✓) the correct option in the check boxes.

Media Type	<input type="checkbox"/> Video <input type="checkbox"/> Video Game
Type of Video <i>(Please indicate if Media type is "Video")</i>	<input type="checkbox"/> Training/Education/Tutorial <input type="checkbox"/> Entertainment <input type="checkbox"/> Promotional/Advertising <input type="checkbox"/> Religious <input type="checkbox"/> Sports <input type="checkbox"/> Documentary <input type="checkbox"/> Others (Please specify) _____ _____ _____

### Section F – Operating Address Information (Mandatory)

Please tick (✓) the correct option in the check boxes.

Trading Name		
Is this address used to store videos?	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <i>(At least one permanent address must be marked as 'Yes' to store Videos)</i>	
Address Type	Permanent Operating Address	
Block / House No.		
Street Name		
Level		
Unit No.		
Postal Code		

Sharing of Premise	Shared with another company (under same management) that is also engaged in video business Shared with another company engaged in another business Used by my company only but includes another business Used by my company only for video business
Premise Type	Booth in exhibition hall Lobby area of a shopping centre Retail Shop Unit Sales / promotional counter within department store Stall in trade fair / night market Sub-let space (market / approved by landlord / HDB / URA) outside shop unit Others (Please specify) _____ _____ _____

**Section G – Declaration (Mandatory)**

I declare that all the information given in this application form is true and correct.

I am aware that legal action may be taken against me if I had knowingly provided false information.

I agree that in any legal proceedings, I shall not dispute the authenticity or accuracy of any statements, confirmations, records, acknowledgements, information recorded in or produced in this application.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date