



## Application Form

Confidential information supplied in this form will be treated in strictest confidence.

Reference should be made to the terms and conditions of the Agreement before completing and signing this application form.

If in the last 12 months an application for AP1, DVD1(v2), AVP or Karaoke has been accepted by MCPS, only complete questions where your answers differ from ones previously given or differ due to the context of the agreement. However, financial references may be required for ALL applications made.

### PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE

If you are a Licensee to any of our other schemes please state which:

AP1  AP2/2A  DVD1  AVP  VP1  Karaoke  Other

### SECTION A – COMPANY BACKGROUND

What is the main business of the Company (please specify)

Distribution  Importer  Record Company  Retailer

Other (please specify) \_\_\_\_\_

A1. Registered Name of Company making this application:

A2. Trading address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Website \_\_\_\_\_

E-mail: \_\_\_\_\_ VAT. Reg. No. \_\_\_\_\_

A3. Address of Registered Office if different from Question 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_ Registered Company No: \_\_\_\_\_

A4. What is the status of your Company?

- Sole Trader
- Partnership
- Limited Company
- Public Limited Company
- Subsidiary Limited Company
- Other (please specify) \_\_\_\_\_

A5. On what date (month and year) did your company commence trading?

A6. Please state the name and location of your ultimate holding company (if any):

Name:

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_ Registered Company No: \_\_\_\_\_

A7. What is the status of the ultimate holding company (if any)?

- Public Limited Company
- Private Limited Company
- Other (please specify) \_\_\_\_\_

A8. Names of Directors of Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A8a. Personnel in your company which MCPS may contact:

Name	Position	Contact Number

A9. Please give the name and address of any wholly owned music publishing company, and specify relationship:

Name:

Address:

\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

A9a. Is the publisher a member of MCPS? Yes  No

A10. What are the names of your labels, trademarks, brands and websites?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B – ACCOUNTING**

**B1. Please give the date of your last audited accounts: \_\_\_\_\_**  
**(Please attach a copy to this application)**

**Please give the date of your year end: \_\_\_\_\_**

**B2. Please give the name and address of your organisation's bankers (as we will need to apply for references):**

**Name:**

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_**

**E-mail: \_\_\_\_\_**

**B3. Do you either:**

**a) pay royalties on behalf of any other company?**

**YES  NO  (If YES, which?)**

**Company name:**

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_**

**E-mail: \_\_\_\_\_**

**or,**

**b) is your royalty commitment paid for you by any other company?**

**YES  NO  (If YES, please give details)**

**Company name:**

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_**

**E-mail: \_\_\_\_\_**

**SECTION C – REPORTING**

- C1. What stock control processes do you have in place?**
- C2. MCPS requires quarterly shipment records to be made in the form of industry standard media. Which of the following forms can you comply with?**
- Excel       Own System (please specify)

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**SECTION D – PRODUCTS**

- D1. Which type of products do you import?**
- |                                       |  |  |
|---------------------------------------|--|--|
| Music CD <input type="checkbox"/>     | Music DVD <input type="checkbox"/>     | Music VHS <input type="checkbox"/>     |
| Non-music CD <input type="checkbox"/> | Non-music DVD <input type="checkbox"/> | Non-Music VHS <input type="checkbox"/> |
| Karaoke <input type="checkbox"/>      | Vinyl <input type="checkbox"/>         |  |
- Other format or sound carrier (please specify): \_\_\_\_\_
- D2. From which territories do you import?**
- USA     Asia     Australasia     All territories outside the EU
- D3. Which method do you use to import products to this country?**
- Air freight     Sea     Other  (please specify): \_\_\_\_\_
- D4. From whom do you import finished product?**
- \_\_\_\_\_
- \_\_\_\_\_
- D5. Is your organisation a member of the BPI, AIM, SMIA, BTHA, BVA or another representative body and if so, which?**
- D6. Please specify the method by which your customers are made aware of product availability.**
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION E – DECLARATION**

This application form must be signed by a Director (if applicable) or owner of your company.

Declaration: I hereby confirm the following statements:

- The information contained in this document is accurate to the best of my knowledge
- MCPS are permitted to approach any and all related partners, for the purposes of verifying the information provided within this application form

Director's/Owner's Name: \_\_\_\_\_

Director's/Owner's Signature: \_\_\_\_\_

Date of application: \_\_\_\_\_

**IMPORTANT:**

Please ensure that you have enclosed the following information, as we are unable to process your application without it:

- |  |                          |
|--|--------------------------|
| Completed Status Enquiry Request                         | <input type="checkbox"/> |
| One page overview of company background and future plans | <input type="checkbox"/> |
| An account of the products you currently import          | <input type="checkbox"/> |

**Please note that no Agreement (or licence thereunder), whether express or implied, shall be taken to have been granted by MCPS or their membership merely by completion of this application form.**

Please return this form and all additional documents to [applications@prsformusic.com](mailto:applications@prsformusic.com)