

FORM 1 - NON-EXCLUSIVE COMPILATION REQUEST

Contracting Party	Company Name: Address: Tel No: Fax No: Vat No: E-mail: Contact Person:
Title of Compilation	
Record Artist(s)/Title(s)/Mix Required	
Territory	
Term/Distribution Period (plus six months sell-off period)	
Proposed Royalty Rate (and basis i.e. PPD/Retail)	
Total number of Tracks	
Proposed Tracklisting	Please attach
Proposed Advance	
Estimated Sales	
Sales Guarantee offered	
Dealer Price (excl VAT)/Formats	
Retail Price/Formats	
Distributor(s) (in each territory)	
Release Date	
Advertising Requirements Requested (if any)	
Any other Comments	