

**FORM 5 - NON-EXCLUSIVE MASTER USE REQUEST
FOR NON-COMMERCIAL STUDENT USAGE**

Contracting Party	Name: Address: Tel No: Fax No: E-mail:
Title of your Film/Project	
Synopsis of your Film/Project	
Artist(s)/Title(s)/Mix Required	
Timing	
Territory	
Name of University/College you are attending	
Type of Course/Degree you are taking	
Any other comments	