

FORM 2 - NON-EXCLUSIVE MASTER USE REQUEST FOR MOVIE/TV FILM/SHORT FILM	
Contracting Party	Company Name: Address: Tel No: Fax No: Vat No: E-mail: Contact Person:
Title of your Production	
Type of Production	
Record Artist(s)/Title(s)/Mix Required	
Usage (i.e. background/opening credits/closing credits – please specify)	
Rights Required (i.e. all media/TV broadcast/home video – please specify)	
Options Required	
Timing	
Territory	
Synopsis of Movie	
Distributor/Broadcaster (if available)	
Financial Proposal for each use requested	
Entire Budget for film	
Other music being requested for the movie	
Featuring which actors	
Is the movie sponsored, if so, by whom and in what way	