

# MUSIC ROYALTY COLLECTION SOCIETY NEPAL

Anamnagar, Kathmandu

Tel.:01-4770506



**MEMBERSHIP PUBLISHER**

Company Stamp

## GUIDELINES FOR MEMBERSHIP FORM

1. The Application Form along with the Additional Information sheet duly filled & signed (IN CAPITAL LETTERS ONLY).
2. One Time Application Processing Fees for Publisher 5000/- by Cheque or Bank transfer in favour of 'Music Royalty Collection Society Nepal' payable at Kathmandu.

KINDLY NOTE: Acceptable by Cheque or Bank Transfer ONLY

3. Xerox copy of PAN/VAT card, Article of Incorporation(Mandatory)
4. Work Notification Forms for each Musical Work (minimum Thirty released /published) :
  - For Film - CD Inlays or Digital Release (Page Print Screen) with all credits & links
  - For Non Film Album- CD Inlays or Digital Release (Page Print Screen) with all credits & links
  - For Back Ground Music [Film (including Animated Films)/TV Serial/Web Series] –Letter from Production House/Channel or CD of Video Clip with Rolling Title of Name Credits and Cue Sheets
  - For Advertising (Jingle / Logos / Channels ID / Theme Music for Events) – Letter from Advertising Agency/Advertiser/Production House certifying authorship and CD of Video Clip of Advertisement)

(Note: In further process once the application is approved, additional documentary submission may be asked for as necessary)

5. Xerox copy of your bank passbook/bank statement (latest) with Account name, address, Account No, etc. (for Bank Account Name Confirmation) duly verified & attested by Bank.

# MUSIC ROYALTY COLLECTION SOCIETY NEPAL

Anamnagar, Kathmandu

Tel.:01-4770506



Company Stamp

## MEMBERSHIP PUBLISHER

APPLICANT PUBLISHER		
Company Name:		
Company Owner Name:		
Registration B.S.	A.D.	
Country	IPI Name No.	
PAN No./VAT No.:	IPI Base No.:	
Contact Address:	Language	
Tel.:	Fax:	
Mobile No.:	E-mail:	
PAYMENTS		
Method of Payment;		
Bank Name:	Branch:	
Bank A/C:	Swift Code:	
MANAGED RIGHTS (MEMBERSHIP)		
Copyright (or Neighboring rights)		
Entry or Admission Date:		
Membership Status (Position): Associate		
Membership Status (Position): Full		
Entry Date:		
Renew Date:		
Region or City (Residence):		
Circle of Occupation:		
File:		
Subscription:		
Category of Works: Publishing		
Type of Rightholder (Role): Publishing (IPI)		
Managed of Transferred Rights:		
Territories:		
SIGNATURES		
I athorized the verification of the information provided on this form is true to my belief.		
I understand that submission of this application does not guaranteemy membership.		
Tel.:	Fax:	E-mail:
Signature of Applicant:		Date:
Signature of MRCSN Representative:		Date:

Approving Director Signature