



HEAD OFFICE
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SOUND RECORDING DECLARATION FORM

A) DATA OF PRODUCER (Fill this section *Once* per sound recording)

Name of Producer				
Current Physical Address		County	Postal Code and Address	City
Cell	Tel		Website	
Email Address			Alt Email Address	

B) DATA OF RECORDINGS (Fill this section per *Every* sound recording or track)

Album Original Title			
Music Category	Secular <input type="checkbox"/>	Gospel/Religious <input type="checkbox"/>	Patriotic <input type="checkbox"/>
Country of Recording	Country of Production	Studio Recorded at:	
Date of Recording		Duration	
Type of Medium	Audio Cassette <input type="checkbox"/>	Compact Disc (CD) <input type="checkbox"/>	Digital Versatile Disc (DVD) <input type="checkbox"/>
	Video Cassette (VHS) <input type="checkbox"/> Video Compact Disc (VCD) <input type="checkbox"/> Other _____		

C) DATA OF RECORDINGS SHEET (Fill this section per *Every* sound recording)

Main Artist or Group		
Background Vocalists - BGV's (Individual or Group (Choir, Band, Orchestra etc.))	1. _____	4. _____
	2. _____	5. _____
	3. _____	6. _____
Orchestra / Band (Name Of Instrumentalists)	Track Programming	
	Keyboards	
	Live Drums	
	Lead Guitar	
	Acoustic Guitar	
	Rhythm Guitar	
	Bass Guitar	
	Saxophone	
Other Instruments & Instrumentalists	Instrument 1	Instrumentalists
	Instrument 2	Instrumentalists
	Instrument 3	Instrumentalists

TRACK NO.	TRACK TITLE:	GENRE/ TYPE/ STYLE	LANGUAGE (S)

I/We certify that the information given herein is true and herby indemnify KAMP from any claims; Official Name (s)

Signature:

Date:

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