



KAMP AUDIO-VISUAL (AV) MUSICAL RECORDINGS DECLARATION FORM

AGREEMENT

It is hereby agreed that KAMP shall administer on behalf of the Member and / or Audio-Visual (AV) Music Producer owning rights in Audio-Visual Recordings in accordance with the relevant Company decisions, applicable statutes, international treaties and / or agreements currently in force or duly amended from time to time the right to remuneration relating to authorizing, negotiating a rate and collecting license fees for use of the declared Audio-Visual Musical Recordings but not limited to:

- i) Broadcasting;
- ii) Online transactions, Cable transmissions; and
- iii) Making available / Communicating to the public by means of electronic media, the internet, in interactive platforms; such as use of Audio-visual Musical Recordings in electronic multimedia products, telecommunication services including downloads, streams and any other performance or digital reproduction of the Audio-Visual Musical Recording(s).

DECLARATION

I / We, (name) of
..... (company / trading name), do hereby authorize KAMP to administer the Audio-Visual (AV) Musical Recordings listed herein on my / our behalf.

Signed by Rights holder (Producer of Audio-Visual (AV) Recordings):

Name: Signature Date

Contact Cell phone Number: Email:

Witnessed by (Any other Producer of Audio-Visual (AV) Recordings):

Name: Signature Date

Signed on Behalf of KAMP

Name: Designation:

Signature: Date:.....

Note: This form will be an attachment to your signed KAMP membership registration Form

AUDIO-VISUAL ALBUM DETAILS

Video Album Title						
Date of Production		Country Of Production		Format		
				DVD		
				VCD		
				MP4		
Main Artist(s)						
Record label / Company Name						
Track No.	Track Title	Genre / Type/ Style	Language(s)	Main Performer(s)		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I/We certify that the information given herein is true to the best of my/our knowledge and belief and do hereby indemnify KAMP from any claims that may arise.

Name(s): (1) Signature:

Date : Contact Cell Phone:

Name(s): (2) Signature:

Date : Contact Cell Phone: