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| Please return completed form to | To: Licensing Department  SONY MUSIC ENTERTAINMENT NEW ZEALAND LTD (**SMENZ**)  100 Ponsonby Road Grey Lynn, Auckland 1011, New Zealand Email:  [licensing.NZ@sonymusic.com](mailto:licensing.NZ@sonymusic.com)  Note: SMENZ only licenses for use or audio-visual productions made in New Zealand. You must contact SMENZ’s relevant affiliate in respect of licensing applications for use or audio-visual productions made in other territories. |

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| Name |  | Telephone |  |
| Business Name |  | Mobile |  |
| Postal Address |  | Facsimile |  |
|  | Email |  |
|  | NZBN |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Master |  | | | | | | | |
|  | | | | | | | |
| Recording(s) |
| (including Videos) |
|  | | | | | | | |
| and Artist(s) |
| Catalogue Number (if known) |  | | | | | | | |
| Type of Project/Use |  | | | | | | | |
|  | | | | | | | |
|  | Corp Video Home Video Website/Internet | | | | Radio | | Student Film | |
| Media/Rights – | Theatrical Non-Theatrical (incl. Film Festivals) | | | | Free-To-Air | | Pay-TV | |
| please select |
|  | | | | | | | |
| appropriate box | Public Performance Communication to the Public | | | | | | | |
|  | Other (please specify): | | | | | | | |
| Term of Project/Use |  | | | | | | | |
|  | | | | | | | |
| Reason for Project |  | | | | | | | |
|  | | | | | | | |
| Number of copies |  | | | | | | | |
| Commencement Date |  | | | | | | | |
| Length of Project (Audio-visual use) |  | Hours |  | Minutes | |  | | Seconds |
| Duration of music required  (Audio-visual use) |  | Hours |  | Minutes | |  | | Seconds |
| How many times will the project be shown & to whom |  | | | | | | | |
|  | | | | | | | |
| Territory |  | | | | | | | |

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| Scene Description (Audio-visual use) |  |
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| Synopsis of the Project/Use  (If it involves communication to the public/public performance, specify number of end- users/attendees/ customers and nature of proposed use of sound recordings/music videos, eg. subscription internet radio, product launch event) |  |
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| Please sign here (if faxing) |  | Print Name |  |
| Date |  |