

ATTACH  
PASSPORT

**NATIONAL FILM AND VIDEO CENSORS BOARD, HEADQUARTERS, ABUJA**  
**APPLICATION FOR FILM AND VIDEO DISTRIBUTION LICENCE**

We (hereunder detailed) hereby apply for a Film and Video Distribution Licence under the new Distribution Policy:

**Business Name and address:**

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Land Telephone Nos: ..... E-mail : .....

GSM Nos : ..... Fax Nos: .....

Type of business: .....  
(Limited Liability) (Partnership) (Individual Business)

Chief Executive Officer/ Proprietor: .....

Office equipment available and or obtainable: Computer  Fax machine   
E-mail  Copier

2.) Type of Distribution applied for: (Mention the Region, State or LGA applied for; Describe the streets/area in case of Community)

National: .....Region.....State: .....Local Govt Area: .....

Community: .....

License for existing Video Distribution/Marketing business or Newcomer? YES..... NO.....

Total available, and or obtainable capital within the next three months: N .....

**3.) KEY CORE COMPETENCES OF THE PROPRIETOR/OFFICERS OF THE COMPANY**

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**4.) FOR COMMUNITY DISTRIBUTORS ONLY**

Total no of existing Video Clubs in the area applied for: .....

Mention 3 (three) alternative areas that could be considered if the present place is not available for approval

<b><u>DESCRIPTION OF THE AREA</u></b>	<b><u>No of existing Clubs in the area</u></b>

**5.) PAYMENT DETAILS**

BRANCH	DATE	TELLER No	AMOUNT PAID

**6.) PAYMENT AUTHENTICATING SIGNATURES**

BANK OFFICER SIGNATURE	BANK OFFICER NAME	BANK OFFICER POSITION	DISTRIBUTOR'S SIGNATURE	DISTRIBUTOR'S NAME	DISTRIBUTOR'S POSITION

**7.) LICENSING CRITERIA COMPLIANCE CHECK**

<b><u>CRITERIA</u></b>	<b><u>COMPLIANCE REMARKS</u></b>
• Type of business	
• Mandatory Management Officers in place	
• Phone and Computer functional	
• Mandatory representative offices in place	
• Stipulated operating fund (Amount)	

**Attach verifiable documentary proof, and other information considered necessary for approval**

**FOR NATIONAL FILM AND VIDEO CENSORS BOARD USE ONLY**

DATE RECEIVED	CONTROL NUMBER	APPROVED Or REJECTED	TERRITORY ASSIGNED	DISTRIBUTION LICENCE No

**IN CASE APPLICATION IS NOT APPROVED**

MAIN REASON	ACTION TAKEN	NEXT EXPECTED ACTION	OFFICER	DATE