

REGISTRATION FORM

AUDIOVISUAL -LIST OF EPISODES OR SKETCHES DECLARED

TITLE *

Season No.*

This list is to be attached to audiovisual declaration forms for TV/Radio works

No. *	Title of episodes or sketches *	Duration in minutes *	Date of first broadcast *	Channel *
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I/we certify that the declarations made on this form are truthful, and that I/we bear sole responsibility for them.

Signed in * _____ on * ___ / ___ / _____

Signature(s) *