







## Application Form for Additional Use of Photos/Videos Date: \* Please fill in with block letters (all the fields are mandatory) ■Requester (media firm) Company Name: Department: Postal Address: Representative: Given Name: Surname: (M/F) Title: TEL: FAX E-MAIL Website ■etailed explanation of additiona/new use Media Type □Leaflet/Brochure □Website □Video Sharing website □TV □Newspaper □Others ( Details of the use, including URL, channel and/or covered area

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