

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

Detailed explanation of additional/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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